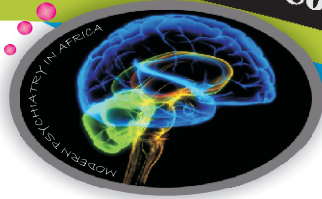


16th National Congress of the South African Society of Psychiatrists

SASOP 2010



REGISTRATION FORM

16 - 20 October 2010

East London International Convention Centre, South Africa

Please complete the following and return with your credit card details or proof of payment to the Congress Secretariat on fax: +27 11 768 1174

Title: First Name: Surname:

Tel no (W): Fax no (W): Cell no:

E-mail address: HPCSA no:

Postal address:

Special meal requirements: Kosher Halaal Vegetarian Other

Partner / Spouse Title: First name: Surname:

REGISTRATION CATEGORIES	EARLY REGISTRATION BY 30 AUG 2010	LATE REGISTRATION FROM 01 SEPT 2010
SPECIALISTS		
● SASOP Members	<input type="checkbox"/> R2 500.00	<input type="checkbox"/> R3 000.00
● Non SASOP Members	<input type="checkbox"/> R3 000.00	<input type="checkbox"/> R3 500.00
REGISTRARS		
● SASOP Members	<input type="checkbox"/> R1 500.00	<input type="checkbox"/> R2 000.00
● Non SASOP Members	<input type="checkbox"/> R2 000.00	<input type="checkbox"/> R2 500.00
GENERAL PRACTITIONERS & NEUROLOGISTS		
● General Practitioners	<input type="checkbox"/> R2 500.00	<input type="checkbox"/> R3 000.00
● Neurologists	<input type="checkbox"/> R2 500.00	<input type="checkbox"/> R3 000.00
OTHERS		
● (Mental health workers, nurses, psychologists, social workers etc)	<input type="checkbox"/> R1 500.00	<input type="checkbox"/> R2 000.00
PRE CONGRESS WORKSHOPS (16 Oct)		
a. Neurology skills for psychiatrists	<input type="checkbox"/> R 250.00	<input type="checkbox"/> R 450.00
b. Psychiatric disability assessment	<input type="checkbox"/> R 250.00	<input type="checkbox"/> R 450.00
c. Mental health and megabytes	<input type="checkbox"/> R 250.00	<input type="checkbox"/> R 450.00
d. HIV in Africa: its impact on mental health	<input type="checkbox"/> R 250.00	<input type="checkbox"/> R 450.00
TRADE		
● Trade (x2 free registrations per stand)	<input type="checkbox"/> R 00.00	<input type="checkbox"/> R 00.00
● Trade (additional delegate)	<input type="checkbox"/> R1 000.00	<input type="checkbox"/> R1 200.00
● Gala dinner (all delegates) <input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> R 300.00	
● Partner / Spouse		
<input type="checkbox"/> Yes <input type="checkbox"/> No Cocktail function	<input type="checkbox"/> R 200.00	
<input type="checkbox"/> Yes <input type="checkbox"/> No Gala dinner	<input type="checkbox"/> R 400.00	

FOR PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

Name of Cardholder: Type of card (Master or Visa)

Exp date: Card no: Last 3 digits on the back

Signature of cardholder:

FOR PAYMENT BY ELECTRONIC TRANSFER / BANK DEPOSIT:

- Name of account: SASOP Eastern Cape Subgroup Congress 2010 ● Branch: FNB (First National Bank)
- Account number: 62199986830 ● Branch code: 210-221