



SASREG NATIONAL CONGRESS 2015 SOCIAL EVENING REGISTRATION FORM

31 October 2015 – Katys Palace Bar – 17h00

Register online at www.sasregcongress.org.za

To register, kindly complete **one form per delegate** and email, fax or post it to Turners Conferences

Email: gills@turnergroup.co.za, Fax No: 031 368 6623, Tel No: 031 368 8000

DELEGATE INFORMATION

Last Name/Family Name	First Name	Title: Prof/Dr/Ms/Mrs./Mr.

ACCOMPANYING PERSON/S INFORMATION

Last Name/Family Name	First Name	Title: Prof/Dr/Ms/Mrs./Mr.

Have you registered for the SASREG 2015 Congress?	YES:	NO:	

Email Address (Please Print)	
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Cell phone Number	
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Special Dietary and Other Requests :

Dietary	Name	Request	
Other	Name	Request	

COSTS

Registration Fees – South African Rands (ZAR) Only (includes VAT)

Social Evening	Cost per Person	No. of Persons	Amount in ZAR
SASREG Social Evening	ZAR 200.00 per person		

TOTAL AMOUNT PAYABLE: Use this section to summarize your requirements and calculate the total of your payments due

A : Social Payments	TOTAL	ZAR
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PAYMENT DETAILS

Please enter **X** in the appropriate box

Option 1 Bank Transfer	Account Name: Turners Conferences & Convention Pty Ltd-SASREG2015. First National Bank - Account No. 62535247333 - Branch - Durban Main Branch 221426 - Swift No. FIRNZAJJ. (Please fax a copy of your transfer to Turners). Final date for Bank Transfer payments will be 26 October 2016. You must specify your name and SASREG2015 on your bank transfer. <i>When processing your payment by bank draft please allow additional funds to cover bank charges. If short payments are received they will be for your account.</i>
Option 2 Credit Card	Please complete the following authorization for Congress Organizers to debit your credit card.

I, the undersigned, do hereby authorize Turners Conferences to debit my credit Card for the following amounts: (please fax a copy of the front and back of the credit card to Turners, if the registered participant is not the cardholder)

SOCIALS				TOTAL	ZAR
Credit Card Type X	Master	Visa	Diners	Amex	
Credit Card Number				Expiry Date	
Cardholder's Name				3 Digit no. on reverse side where applicable	
Cardholder's Signature				Date of Signature	