



THE SOUTH AFRICAN SOCIETY FOR SURGERY OF THE HAND
DIE SUID-AFRIKAANSE VERENIGING VIR HANDCHIRURGIE

SAMA
(Incorporated Association not for gain)
(Reg. No. 05/00136/08)

✉ 2721 BELLVILLE SOUTH AFRICA 7535

☎ 021 910 3322 ☎ 0866 720 426

Website: www.sassh.co.za Email: sassh@iafrica.com

41ST SASSH ANNUAL CONGRESS: 27-29 AUGUST 2010

DELEGATE REGISTRATION FORM

Early Bird Closing Date: Friday 30 July 2010

Please print clearly, using a black pen

DELEGATE DETAILS

Title:	Prof	Dr	Mr	Mrs	Ms
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Surname & Initials		First name (for name badge)	
MP/AHPC/HPSCA Number (Compulsory for CPD purposes)			
Full Postal Address			
City		Postal Code	
Telephone Number		Fax Number	
Mobile Number (Compulsory for CPD purposes)		E Mail Address (Compulsory for CPD purposes)	

ACCOMPANYING PERSON DETAILS (ONLY APPLICABLE SHOULD HE/SHE ATTEND THE SOCIAL FUNCTIONS)

Title, Initials & Surname	
First Name	

REGISTRATION FEES: EARLY BIRD REGISTRATION CLOSING DATE = 30 JULY 2010

SASSH CONGRESS 27-29 August 2010	Before 30/7/2010	From 31/7/2010	Daily*	Cash Deposit Handling Fee	COST
Full Member (Specialist) of SASSH	R2100	R2300			
Non-Member: Specialist/MO/Physio /OT/Other	R2300	R2500			
Registrar	R1600	R1800			
Affiliate Member of SASSH (OT/Physio)	R1600	R1800			
*Daily (please circle) SAT SUN			R1400		
Accompanying Person: to social functions: - Fri 27 August: Welcome Function R70.00 - Sat 28 August: Congress Dinner R230.00					
Cash Deposit Handling Fee				R40.00	
TOTAL AMOUNT DUE				→ → →	

SPECIAL REQUIREMENTS – Please indicate

	Delegate (for course luncheons and social functions)	Accompanying Person (for social functions only)
Vegetarian		
Halaal		
Kosher		
Diabetic		
Other (please specify)		
Disability Access		

CADAVER WORKSHOP: Friday 27 August 2010 1400-1700 Please indicate your attendance Yes No

SOCIAL FUNCTIONS: ATTENDANCE (for catering purposes, please tick the appropriate box(es))

FUNCTION	DELEGATE	PARTNER
Friday 27 August - Welcome Function		
Saturday 28 August - Congress Dinner		

I/We will be staying at: **The Courtyard Hotel** Yes No **City Lodge** Yes No **Road Lodge** Yes No

PAYMENT OPTIONS and BANK DETAILS:

- Credit card facilities are **NOT** available
- Payments to **SASSH**
- Payment can be made by Cheque, EFT (Internet Banking) or by Direct Deposit to the **SASSH** account (See details below)
- When cash deposit is made, please add R40.00 for cast handling fees
- Proof of Payment **MUST** be received before the delegate's registration is confirmed

Account Name: SASSH	Fax Details: 0866 720 426
Bank: First National Bank	Attention: Hendrika van der Merwe
Branch: Tygerberg	Postal Address:
Branch Code: 201410	PO Box 2721, Bellville, SA 7535
Account number: 59380019934	Email address: sassh@iafrica.com
Reference: Use your SURNAME as reference (DO NOT use your MP number)	

- Please **POST, FAX or E-MAIL** Completed Registration Form **together with proof of payment** to Hendrika van der Merwe

METHOD OF PAYMENT

Please Tick Appropriate Box:

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<input type="checkbox"/> Cheque	I have enclosed my cheque for the amount of R
<input type="checkbox"/> Electronic transfer	I have executed an electronic transfer – proof attached / faxed
<input type="checkbox"/> Direct Deposit	I have deposited the amount directly – proof attached / faxed
<input type="checkbox"/> R40-00	Cash handling fees – applicable on cash deposits

DELEGATE'S SIGNATURE

DATE

Full Congress Registration Fee includes:

- Entrance to the congress, teas, lunches and trade exhibition
- Invitation to Social Functions on Friday 27 and Saturday 28 February 2010
- Delegate pack, including registration material

It is suggested you make a copy of this Form for your records

FAX/OR EMAIL PROOF OF PAYMENT TOGETHER WITH THIS FORM TO HENDRIKA VAN DER MERWE

Fax 0866 720 426 or Email: sassh@iafrica.com

NB: Early Bird Registration Closing Date = 30 July 2010

THE CONGRESS INFORMATION IS ALSO AVAILABLE ON THE SASSH WEBSITE @

www.sassh.co.za