

REGISTRATION FORM



OSSA Congress 2017

15 - 19 March 2017

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| 1. COMPLETE clearly in BLOCK LETTERS - detailed as possible please
2. E-MAIL / FAX Registration Form, as well as proof of payment (if applicable)
to ossacongress@telkomsa.net / + 27 (0) 86 60 60 555 BEFORE 16 Nov 2016 | You can also register ONLINE at
www.ossa2017.co.za |
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• Please ensure that you receive a confirmation by e-mail from the organisers **within 10 working days**

Important request to companies sponsoring delegates:

Kindly let us have the delegate's **personal** postal address and other contact information.

Please tick one:	<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Registrar	<input type="checkbox"/> MO / Dr from other discipline	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Nurse	<input type="checkbox"/> GP	<input type="checkbox"/> Orthoptist
<input type="checkbox"/> Practice Manager	<input type="checkbox"/> Ocularist	<input type="checkbox"/> Administrator	<input type="checkbox"/> Ophthalmic Assistant	<input type="checkbox"/> Trade	<input type="checkbox"/> Other (specify):		

PERSONAL DETAILS

Surname							First name						
Initials	Title		Prof	Dr	Mr	Mrs	Ms	HPCSA No.					
Preferred badge name of delegate													
Company / Institution								VAT No.					
Postal address													
Province			City			Country			Postal code				
Business telephone						Business fax							
E-mail address								Mobile no.					
Special dietary requirements			Vegetarian		Halaal		Other:						

ACCOMMODATION: You are responsible for your own accommodation arrangements.

Hotel?	<input type="checkbox"/> Boardwalk Hotel	<input type="checkbox"/> Beach Hotel	<input type="checkbox"/> Court Yard Hotel	<input type="checkbox"/> City Lodge	<input type="checkbox"/> Road Lodge
Other hotel / guest house / lodge (Please specify):					

TRAVEL ARRANGEMENTS (Please refer to page ?? of Final Invitation)

I have made arrangements to travel by air and wish to make use of the shuttle service between the Port Elizabeth Airport and and the Boardwalk Hotel (Return fare: R 300)							YES	NO
FROM Port Elizabeth International Airport	Flight No		Date	___ March	Arrival time			
TO Port Elizabeth International Airport	Flight No		Date	___ March	Departure time			
Shuttle from Port Elizabeth International Airport to Boardwalk Hotel:								
Tuesday, 14 March	17:00							
Wednesday, 15 March	09:00	10:00	11:00	12:00	14:00	15:00	17:00	
Thursday, 16 March	08:00	09:00	10:00					
Shuttle from Boardwalk Hotel to Port Elizabeth International Airport:								
Saturday, 18 March	12:30							
Sunday, 19 March	08:00	11:00						
Genop Healthcare: 6th Heidelberg Users' Workshop (Wednesday, 15 March, 13:00 – 17:00)							YES	NO
Genop Healthcare: Pentacam & Refractive Workshop (Thursday, 16 March, 08:00 – 10:00)							YES	NO

I am personally responsible for full payment of congress registration fees in the event that my company / organisation do not pay them. **SIGNATURE:** _____ **DATE** _____

Enquiries: Amelia Koch & Clayton Meise
Tel: Domestic calls 051 436 7733 / Mobile 083 265 0 265 **E-mail:** ossacongress@telkomsa.net
 International calls 00 27 51 436 7733 / 00 27 83 265 0 265 **Fax:** 086 60 60 555

NAME: _____ Responsible for payment: _____

Please refer to fee entitlements (Page 7)	EARLY BIRD Register AND pay UNTIL 16 Nov 2016		STANDARD FEE Register AND pay FROM 17 Nov 2016		LATE FEE Register AND pay FROM 3 March 2017		
	Entire duration	*Specific days	Entire duration	*Specific days	Entire duration	*Specific days	
14% VAT Included							
MEMBERS:							
Ophthalmologist in private practice or part-time private practice	R 5 600	R 2 300 / d	R 6 400	R 2 800 / d	R 7 300	R 3 200 / d	R
Ophthalmologist in full-time government employment with no private practice	R 4 100	R 1 900 / d	R 4 800	R 2 200 / d	R 5 600	R 2 400 / d	R
Associate member: Optometrist / Doctor from any other discipline	R 4 600	R 1 900 / d	R 5 100	R 2 200 / d	R 5 600	R 2 400 / d	R
Registrar	R 2 100	R 950 / d	R 2 700	R 1 200 / d	R 3 100	R 1 400 / d	
Honorary member	R 2 500	R 1 200 / d	R 3 000	R 1 300 / d	R 3 500	R 1 600 / d	R
Life member (older than 65 years)	R 0	R 0	R 0	R 0	R 0	R 0	
NON-MEMBERS							
Ophthalmologist from Africa (Excluding South Africa)	R 4 200	R 1 800 / d	R 4 900	R 2 100 / d	R 5 600	R 2 400 / d	R
Ophthalmologist in private practice or part-time private practice	R 9 600	R 4 000 / d	R 10 100	R 4 400 / d	R 10 500	R 4 900 / d	R
Ophthalmologist in full-time government employment with no private practice	R 7 500	R 3 000 / d	R 8 300	R 3 700 / d	R 9 900	R 4 200 / d	R
Ophthalmologist from abroad	R 5 800	R 2 300 / d	R 6 800	R 2 900 / d	R 7 950	R 3 600 / d	R
Optometrist / Doctor from any other discipline	R 4 900	R 2 100 / d	R 5 600	R 2 400 / d	R 5 900	R 2 800 / d	R
Registrar / Medical officer in Ophthalmology / Orthoptist / Ocularist / Practice Manager / Community Field Worker / Optometrist in full-time government employment / Optometric student	R 2 700	R 1 200 / d	R 3 100	R 1 400 / d	R 3 500	R 1 600 / d	R
Ophthalmic Assistant / Ophthalmic Nurse / Practice Administrator	R 2 700	R 1 200 / d	R 3 100	R 1 400 / d	R 3 500	R 1 600 / d	R
TRADE DELEGATES	R 4 000	R 1 800 / d	R 4 500	R 2 000 / d	R 5 100	R 2 300 / d	R
*Registration for specific days (Day delegates): Please tick day(s)				Th	Fr	Sa	

SHUTTLE SERVICE: Return fare - R 300 / person (Please refer to page 11 of the Final Invitation)	R
SOCIAL FUNCTIONS (Welcoming Function is free of charge for those delegates attending the entire academic congress. All delegates have to pay for the OSSA Banquet) PLEASE tick delegate box & indicate the numbers attending:	
Welcoming Function (16 March)	Delegate <input type="checkbox"/> Accompanying guest: ____ (Number) X R 400 =
OSSA Banquet (18 March)	All delegates & accompanying guests pay: ____ (Number) X R 400 =

METHOD OF PAYMENT	Bank deposit / EFT	Credit card	TOTAL	R
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PLEASE CHARGE THE TOTAL DUE FOR THE OSSA CONGRESS TO THE FOLLOWING CREDIT CARD:												
Name of card holder:												
Type of card	Visa	MasterCard	Diners or American Express Cards NOT ACCEPTED									
Card number												
Expiry date			Amount:	R								
Last 3 digits on reverse of card			Signature of card holder:									

Bank deposit / EFT (Please DO NOT mail cheques)
Standard Bank (Menlyn) Account name: OSSA Congress
Account nu: 012 1500 53 **Branch code:** 012345 **Swift code:** SBZA ZA JJ (for international transfers)
Reference: Your name & surname as it appears on the registration form.