

# registration form



SOUTH AFRICAN SOCIETY OF ORTHODONTISTS

## SASO CONGRESS 7 - 9 SEPTEMBER 2017

Table Bay Hotel | Waterfront | Cape Town

Surname: .....

First Name: .....

E-mail: .....

Tel: ..... Fax: .....

Mobile: ..... HPCSA No: .....

Total Amount: .....

- **Bank details:** SASO, Standard Bank | Branch: BAYSIDE | Branch Code: 02-2209 | Current account: 02-153-139-0 | IBT Number: 2209 | Town/City: MILNERTON | Swift Code: SB ZA ZAJJ
- Kindly indicate surname and telephone number as reference.
- Registration will be confirmed once proof of payment has been received.
- **Surcharge:** R150 for Halaal and Kosher.
- **Social event:** Dinner at La Colombe, R1100 per person (booking and payment due by 31 July, only 60 seats available on a first-come, first-served basis)

### Registration Fees

EARLY BIRD DATE:	31 July 2017
SASO MEMBERS:	Until 31st July 2017: R7 000,00 After 31st July 2017: R8 000,00
NON-SASO MEMBERS:	Until 31st July 2017: R9 500,00 After 31st July 2017: R10 00,00
REGISTRARS:	R4 950,00
Fully retired members:	R2 200,00

### Total Costs

CONGRESS FEES: \_\_\_\_\_

DINNER AT LA COLOMBE Y/N

COST: \_\_\_\_\_

DIETARY REQUIREMENTS

HALAAL  KOSHER  VEGETARIAN

TOTAL DUE: \_\_\_\_\_

**Contact** Marilize Loubser Email: registrations@adept.co.za Cell: 083 339 8911 Tel: 086 568 4775  
**CANCELLATION POLICY:** If cancelled in writing by 31 July, 50% refund, from 1 August, no refund.