

**South Africa Stem Cell Transplantation Society (SASCeTS)
Conference**

Friday 4 November 2016

Southern Sun Newlands, Cape Town

REGISTRATION FORM

DELEGATE INFORMATION:

Title: Prof Dr Mr Mrs Ms Miss Other

First Name			
Surname		Initials:	
Organisation:			
Department/Section:			
HPCSA Number:			
Designation:			
Country:			
Full Postal Address:			Postal Code (Zip): <input style="width: 100px;" type="text"/>
Contact Numbers:	Telephone No:	Fax No:	
Cellphone No:	E-mail address:		

CONFERENCE REGISTRATION: FRIDAY 4 NOVEMBER 2016

FLIGHTS AND ACCOMMODATION IS NOT INCLUDED

DOCTORS	R1000
NURSES	R500

ACCOMMODATION: THURSDAY 3 NOVEMBER – 1 NIGHT

Please advise if you will require accommodation for the night of the 3rd November 2016 at the Southern Sun Newlands?

The accommodation will be for your own cost, but the organizers will assist you in making these arrangements

Yes No

FLIGHTS

Please advise if you will require a flight to Cape Town to attend the conference.

The flight will be for your own cost, but the organizers will assist you in making these arrangements

Yes No

SOCIAL: CONFERENCE DINNER: THURSDAY 3 NOVEMBER

Please advise if you will attend the conference dinner

Please advise if your partner will attend the conference dinner

Yes No

Yes No

DIETARY REQUIREMENTS: PLEASE NOTE CATERING AT THE VENUE IS HALAAL FRIENDLY

If you have any special dietary requirements, please advise:

Additional surcharge may apply

Payment information:

1. Bank deposits (preferred method of payment): Please see banking details below and fax the deposit slip to (021) 650 1926
2. Internet transfers: Please fax proof of payment to (021) 650 1926
3. Cheques: Please see account name and address below

Banking Details: Standard Bank; Mowbray Branch; Branch Code: 02-49-09; Account Name: Conference Management 04;

Account Number: 071-291-121

TOTAL AMOUNT ENCLOSED:.....

Credit cards: Please debit my card:

Master Card

Visa

American Express

Diners Club

Card Number:

M	M	Y	Y	CVC No. Last 3 digits on back				Signature:								

Expiry Date:

Cancellations should be made in writing and faxed or e-mailed to Fatima Saban at the address below. A 15% cancellation fee applies before **4 October 2016** – thereafter a 100% cancellation fee will apply.

Please return this form and payment to:

Imelda Amony, Conference Management Centre, Bremner Building | Level One | Room 147 | Lower Campus | Rondebosch | 7700

E-mail: imelda.amony@uct.ac.za