

# 14th Biennial Southern African Spinal Cord Association (SASCA) CONGRESS



## ACCOMMODATION RESERVATION FORM

Please complete and return by email a.s.a.p. to the Protea Hotel, Techno Park, Stellenbosch

Please familiarise yourself with the accommodation booking and cancellation policies as stipulated by the hotel/guest house of your choice

### Participant details

Place  in appropriate box

Title  Prof  Dr  Mr  Ms

Initials & Surname \_\_\_\_\_

First name \_\_\_\_\_

### Accompanying person details

Place  in appropriate box

Title  Prof  Dr  Mr  Ms

Initials & Surname \_\_\_\_\_

First name for badge \_\_\_\_\_

Organisation \_\_\_\_\_

Full Postal Address \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

AMOUNT	ROOM TYPE
R 1285.00	Single Standard Accommodation, per person per night, Bed & Breakfast
R 1510.00	Sharing Standard Accommodation, per person per night, Bed & Breakfast

### PAYMENT DETAILS

Place  in appropriate box

Electronic Funds Transfer

Credit Card

Protea Hotel will forward details and instructions for credit card payments.

Contact Person: Louise van Rooyen  
Email address: [reservationsc@phstellenbosch.com](mailto:reservationsc@phstellenbosch.com)  
Contact Number: 021 880 9506



Please email proof of payment should you do a direct transfer to [lebom@consultus.co.za](mailto:lebom@consultus.co.za)

I (above stated participant) herewith acknowledge that the information supplied is correct and authorise Protea Hotel to process the credit card payment if applicable.

Signature \_\_\_\_\_ Date \_\_\_\_\_