

14th Biennial Southern African Spinal Cord Association (SASCA) CONGRESS 3 – 6 November 2021



REGISTRATION FORM

Please complete and return **BEFORE 13 August 2021 (early)** or **not later than 15 October 2021 (late)** to:

Hanri Lennox, SASCA Congress, PO Box 4335, Tygervalley, 7536, South Africa, TEL: +27 21 205 7382 | Email: hlennox@consultus.co.za

REGISTRATION DETAILS – PLEASE USE BLOCK LETTERS

Participants details Place in appropriate box

Title Prof Dr Mr Ms

Initials & Surname _____

First name for badge _____

Organisation _____

Full Postal Address _____

City _____ Country _____ Postal Code _____

Mobile Number _____

Email _____

HPCSA Number _____

REGISTRATION CATEGORIES

REGISTRATION FEES PHYSICAL ATTENDANCE CATEGORY	EARLY (BEFORE 13 AUGUST 2021)	LATE (AFTER 13 AUGUST 2021)	TOTAL
SASCA / SANRA / ISCoS - MEMBERS	R4 500	R6 000	
SASCA / SANRA / ISCoS - NON-MEMBERS	R5 500	R7 500	
Students / Nurses / Caregivers / Social Workers / Case Managers	R2 500	R4 000	
Day Registration	R2 500	R2 500	

VIRTUAL ATTENDANCE CATEGORY	EARLY (BEFORE 13 AUGUST 2021)	LATE (14 AUGUST - 15 OCTOBER 2021)	TOTAL
SASCA / SANRA / ISCoS - MEMBERS	R2 250	R3 000	
SASCA / SANRA / ISCoS - NON-MEMBERS	R2 750	R3 750	
Students / Nurses / Caregivers/ Social Workers / Case Managers	R1 250	R2 000	

Special dietary requirements : Halaal, Kosher, Vegetarian: _____

For credit card payments please refer to the online registration on the website www.sasca2021.co.za

Direct transfers will not be knowledge without a copy received via email: hlennox@consultus.co.za

Account details for electronic transfer (EFT)

Bank Name & Address | **Absa Bank Ltd** | 21 Macintyre Road, Parow, 7500, S.A Swift code | **ABSAZA JJ**
Branch code | **632005** Account Name | **SASCA Conference** Account Number | **9357834664**

I (above stated participant) here with acknowledge that the information is correct

Signature _____

Date _____