

3 – 5
NOVEMBER
2017



SA 2017 IMAGING CONGRESS

REGISTRATION FORM

Please complete and return **BEFORE 31 July 2017 (early)** or not later than **29 September 2017 (late)** to:
Dawne Johnson, SORSA-RSSA 2017 Imaging Congress, P O BOX 19063, 7505 TYGERBERG, SOUTH AFRICA.
TEL: +27 21 938 9082 or FAX: +27 21 938 9855 or EMAIL: dawnej@sun.ac.za

REGISTRATION DETAILS – PLEASE USE BLOCK LETTERS

Participant 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 _____ Fax number _____

E-mail _____

HPCSA Number _____ RSSA Member Number (if applicable) _____ SORSA Member Number (if applicable) _____

CONGRESS REGISTRATION FEES		EARLY (Before 31 July 2017)	LATE (After 31 July and before/on 29 September 2017)	On site From 30 September onwards	TOTAL
Radiologists (Private Practice)	RSSA MEMBER	R 8 800.00	R 10 150.00	R 11 000.00	
	NON-MEMBER	R 12 100.00	R 14 000.00	R 15 150.00	
Radiologists (Full time Government Employed)	RSSA MEMBER	R 5 600.00	R 6 500.00	R 7 000.00	
	NON-MEMBER	R 7 300.00	R 8 500.00	R 9 150.00	
Registrar	RSSA MEMBER	R 4 000.00	R 4 650.00	R 5 150.00	
	NON-MEMBER	R 5 500.00	R 6 000.00	R 7 000.00	
Radiographer	SORSA MEMBER	R 4 000.00	R 4 650.00	R 5 150.00	
	NON-MEMBER	R 5 500.00	R 6 000.00	R 7 000.00	
Radiographer Undergraduate Students		R 2 750.00	R 3 200.00	R 3 450.00	
Radiographer Day registration: restricted to one day only		R 2 200.00	R 2 550.00	R 2 750.00	
Radiologist Day Registration restricted to one day only:			R 3 000.00		
Dental Profession (Friday only)		R 2 200.00	R 2 550.00	R 2 750.00	
Clinical Specialists	PRIVATE PRACTICE	R 8 600.00	R 9 900.00	R 10 750.00	
	FULL TIME EMPLOYED	R 6 950.00	R 8 000.00	R 8 700.00	

SOCIAL EVENTS

DATE	SOCIAL EVENT	NO OF PEOPLE ATTENDING	TOTAL
Friday 03 November 2017	Welcome function Delegates: FREE Accompanying Person: R350-00		
Saturday 04 November 2017	Social event to be confirmed R150,00 per person		

For day registrations only: Indicate date of attendance:

- Friday 3 November
 Saturday 4 November
 Sunday 5 November

Special dietary requirements: Halaal, Kosher, Vegetarian _____

Special disabilities: _____

For credit card payments please refer to the online registration on the website <http://www.rssa-sorsa2017imaging.co.za>
Direct transfers will not be acknowledged without a faxed copy to fax no: +27 21 938 9855

Account details for electronic funds transfer (EFT)

Bank Name & Address | ABSA Bank Ltd, 21 McIntyre Road, Parow, 7500, S.A
 Swift Code | ABSAZAJJ Branch code | 502110 Account Name | RSSA SORSA Account number | 916 561 1692

I (above stated participant) herewith acknowledge that the information supplied is correct

Signature _____ Date _____