

# Delegate Registration Form

SADA Congress 31 Aug - 3 Sept 2011



Complete the entire registration form and return it with your payment/proof of payment to Tania Barbosa at SADA on Fax no: 011 642 5718, or by post to SADA, Sun City 2011, Private Bag x1, Houghton, 2041, or by E-mail to congress@sada.co.za. Telephonic Enquiries: 011 484 5288. Office hours Monday to Friday 08:00 - 16:00.

## SECTION A

### PERSONAL INFORMATION

(PLEASE PRINT IN BLOCK CAPITALS AND INDICATE THE APPROPRIATE BLOCKS WITH AN 'X'.)

SURNAME  FIRSTNAME

ID NR  INITIALS  TITLE

NAME ON BADGE  HPCSA NR (not practice nr)

NAME OF PRACTICE/ACADEMIC INSTITUTION

POSTAL ADDRESS  CODE

TELEPHONE NR (W)  -  -  CELLPHONE NR  -  -

E-MAIL

FAX NR  -  COMPANY VAT NR

### ACCOMPANYING PERSON

SURNAME  INITIALS  TITLE

## SECTION B

### REGISTRATION FEES (VAT INCLUDED)

Registration fees include entrance to all lectures, the exhibition area, all teas and lunches for delegates. **PLEASE NOTE:** 25% cancellation fee will be levied for all cancellation of registration made on or before 15 August 2011. No refunds will be given for cancellations received after this date.

REGISTRATION SECTION (MARK WITH AN 'X') NB: PLEASE REGISTER ON/OR BEFORE 15 AUGUST 2011

DENTAL CATEGORY	FULL REGISTRATION: 31 AUG - 3 SEPT 2011				DAY DELEGATE REGISTRATION FEES PER DAY							
	EARLY BIRD (BEFORE 15 AUG)	MARK X	LATE (AFTER 15 AUG)	MARK X	EARLY BIRD (BEFORE 15 AUG)	THU 1 SEPT	FRI 2 SEPT	SAT 3 SEPT	LATE (AFTER 15 AUG)	THU 1 SEPT	FRI 2 SEPT	SAT 3 SEPT
SADA MEMBER	R 3 420.00	<input type="checkbox"/>	R 4 104.00	<input type="checkbox"/>	R 1 254.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 1 504.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-SADA MEMBER	R 3 990.00	<input type="checkbox"/>	R 4 788.00	<input type="checkbox"/>	R 1 482.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 1 778.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL THERAPIST	R 2 593.50	<input type="checkbox"/>	R 3 112.20	<input type="checkbox"/>	R 963.30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 1 155.70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORAL HYGIENIST	R 1 596.00	<input type="checkbox"/>	R 1 915.20	<input type="checkbox"/>	R 592.80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 711.20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL ASSISTANT	R 1 197.00	<input type="checkbox"/>	R 1 436.40	<input type="checkbox"/>	R 444.60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 533.40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDENT: UNDER GRADUATE	R 997.50	<input type="checkbox"/>	R 1 197.00	<input type="checkbox"/>	R 370.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 444.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDENT: POST GRADUATE	R 1 596.00	<input type="checkbox"/>	R 1 915.20	<input type="checkbox"/>	R 592.80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 711.20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TOTAL R				TOTAL R				TOTAL NR OF DAYS			
TOTAL SECTION B R												

Brought to you by



Please fill in Registration and fax to: (011) 642 5718

## SECTION C: SOCIAL FUNCTIONS

Please indicate whether you will be attending the opening function by marking the appropriate block

OPENING FUNCTION: WEDNESDAY 31 AUG 2011 TIME: 19:00		
	YES	NO
DELEGATE	INCLUDED	
ACCOMPANYING PERSON	INCLUDED	
VENUE: Sun City Superbowl		DRESS CODE: Smart Casual

SUN CITY BEACH PARTY: FRIDAY 2 SEPT 2011 TIME: 19:00		
	YES	NO
DELEGATE	R150	
ACCOMPANYING PERSON	R150	
VENUE: Valley of Waves		DRESS CODE: Casual
<b>TOTAL SECTION C</b>		R

## SECTION D: LUNCHES

Accompanying person may join a delegate for Teas and Lunches at a cost of R405 per day (NOTE: No children U/18 are permitted in the trade exhibition)

THURS 1 SEPT	FRI 2 SEPT	SAT 3 SEPT
<b>TOTAL SECTION D</b>		R

**DIETARY REQUIREMENTS:** Food served at the venue is not Halaal friendly. Please indicate your Halaal or Kosher requirements.

	Halaal Friendly	Strictly Halaal	Strictly Kosher
DELEGATE			
ACCOMPANYING PERSON			

## SECTION E: GOLF DAY - LOST CITY GOLF COURSE

**LOST CITY: WED 31 AUG 2011 - Limited space: on first come first serve basis**

**For registered congress delegates only.**

ATTENDANCE	YES	NO	FEE	TOTAL
DELEGATE			R 575	
<b>TOTAL SECTION E</b>				R

**Contact person for Golf bookings:**

Samantha van Eeden - Tel: 012 345 4307

**Format:** 4 Ball Alliance, 2 scores to count.

**Price giving:** To applaud our winners in a convivial atmosphere the golf challenge price-giving will take place at the Beach Party of the conference on the evening of Friday 2 September.

## SECTION F

R	SECTION B	+	R	SECTION C	+	R	SECTION D	+	R	SECTION E	=	R
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## SECTION G: ACCOMPANYING CHILD(REN) INFORMATION

Colgate will present **Bright Smiles, Bright Futures (BSBF)** at Camp Kwena for children between 0 - 12 yr old. Limited availability. First come first served basis. Thursday - Saturday 10:00 - 12:00 and 14:00 - 16:00 daily. A maximum of **4 hours** per day per child will be sponsored by Colgate. In addition, sponsorship of **4 hours** for the evening of the beach party. **The sponsorship will NOT include baby sitting in rooms.**

**Booking is essential! Please note that there is limited space and availability will be on a first come first served basis.**

CHILDREN	NAME	AGE	THURSDAY 10:00-12:00	THURSDAY 14:00-16:00	FRIDAY 10:00-12:00	FRIDAY 14:00-16:00	SATURDAY 10:00-12:00	SATURDAY 14:00-16:00	FRIDAY EVE KAMP KWENA 19:00-23:00
1 <sup>ST</sup>									
2 <sup>ND</sup>									
3 <sup>RD</sup>									
4 <sup>RD</sup>									

**FRIDAY EVENING - Sponsorship of 4 hours for evening of BEACH PARTY at Camp Kwena for children between 0 - 12 yr old.**

## ACCOMMODATION AND TRAVEL ARRANGEMENTS

**PLEASE NOTE:** Please contact Sun International directly for details of hotel accommodation, and your travel arrangements. Payment for hotel accommodation will be made directly to Sun International.

**Tel:** 011 780 7818; **Fax:** 011 780 7596; **E-mail:** grpresv@za.suninternational.com; **Online registrations:** www.sada.co.za/SADA2011

## PAYMENT DETAILS (Tick method of payment)

- CHEQUE:** Please make payment to "SADA Congress" and mail cheque to Private Bag 1, Houghton 2041
- EFT (ELECTRONIC FUNDS TRANSFER):** Please make payment to: SADA Congress; ABSA Bank account: 9221938875, Branch code: 630356. Reference: Please use your name and SADA number as a reference. Name of delegate as appears on registration form.
- CREDIT CARD:** Please fill in details below.

Charge my: Visa  Master  Amex  Diners

To the amount of R

Expiry date

Initials and surname of cardholder Initials

Last 3 digits on back of card

Card no.

ID no.

Surname

Date

## TERMS AND CONDITIONS

- Full payment of registration fees are required to confirm registration.
- Delegates are responsible for their own accommodation and travel arrangements.

## CANCELLATIONS

- Cancellation will only be considered if written notice is received on/by 15 August 2011 in which case a cancellation fee of 25% will be levied.
- If notification is not received and confirmed by this office, you will be liable for the full registration fee.

I have read and understand the terms & conditions and cancellation clause, as indicated above.

NAME

DATE

## SIGNATURE

The South Africa Dental Association (SADA) and its representatives respect your rights to privacy and protection of your personal information. SADA is seeking your written permission to release your name and contact details to traders participating in the Congress. Please indicate your preference by ticking the appropriate box.

YES   
NO

Please fill in registration form and fax to: (011) 642 5718