ALLSA CONGRESS 2010
ALLERGY IN THE BUSH

EARLY REGISTRATION FORM
Please Complete & Return
by Fax +27 (0)11 442 8094
BY LATEST 15 MARCH 2010

23 – 25 April · Euphoria Estate · Limpopo Province

Surname	**Title**
First Name	
Telephone	**Mobile**
E-Mail	**Fax**
Postal Address	
	Code
Hospital / Company / Organisation	**MP No.**
Accompanying Person Name	**Dietary Requirements**

Registration Fees (Inclusive of Vat) • Early Registration Essential!

	Early before 15 March	Late from 16 March – 9 April
ALLSA Members	☐	☐ **R2 500**
ALLSA Non-Members	☐	☐ **R2 700**
Nurses, *Students & Allied Medical (*fax through copy of Student Card)	☐	☐ **R1 500**
Day Registration	☐	☐ **R1 200**
Additional Trade Delegates	☐	☐ **R1 500**
Accompanying Person: Gala Evening	☐	☐ **R 350**
Total Fees Payable	**R**	**R**

Payment Instructions

NOTE: If registering as a group, EACH PERSON must complete a separate form. **Only full pre-paid registrations will be accepted by the organisers.** Bookings are non-transferable.

METHODS OF PAYMENT: Please fax through proof of payment with your name and Registration Form to **+27 (0)11 442 8094**. Should this not be received, your booking will be invalid. Please mark (x) your selected method of payment.

☐ **Bank deposit or electronic transfer:**
Account Name: ALLSA Conference Account
Standard Bank Account Number: 270588361
Branch Code: 025009 (Rondebosch)

Please print clearly and indicate your SURNAME and INITIAL on Bank/Electronic transfers. The Organiser will not be responsible for identifying funds if the delegate's name is not mentioned. The Organiser will not accept any bank charges associated with the transfer.

☐ **Credit Card:** The cardholder must complete and sign this form authorising Sue McGuinness Communications on behalf of **ALLSA Congress 2010** to debit his/her credit card. For security reasons, a photocopy of the front and back of the credit card, as well as the cardholder's identity document or passport must be faxed together with the Registration Form. Only Visa and Mastercard accepted.

Credit Card Details (Please Print Clearly)

I …… *(Cardholder's full name)* hereby authorise
Sue McGuinness Communications on behalf of **ALLSA Congress 2010**, to charge my: VISA ☐ MASTERCARD ☐
for the amount of R…… straight payment as if I had been present with my card.

Credit Card No. | | | | | | | | | | | | | | | |

Last 3 digits on back of card ___ ___ ___ Expiry date: m_____ / y_____

Cardholder's Name ……

Cardholder's ID/Passport No……

Country of Issue ……

Cardholder's Address …… Postal Code ……

Cardholder's Signature (essential) …… Date ……

www.allergysa.org **Telephone Enquiries +27 (0)11 447 3876** **Email: clauds.suemc@tiscali.co.za**

Please keep a copy for your own records.