

## DOCTORS INFORMATION

Full Name:	Surname:
Preferred Name on Documents:	
HPCSA or MP Number:	
Office:	Fax:
Email:	
Alternative Contact Person:	

## REGISTRATION FEE: R1 000.00

### WHICH INCLUDES;

- 3 Days Participation in the Congress
- Tea Breaks
- Finger Lunches
- Congress Bag
- CPD Points
- Friday Night Dinner at Moyos
- Saturday Night Dinner at the Barnyard Willowbridge
- Wine, Malt and Soft Drinks during Dinner on Friday and Saturday
- Complimentary Membership for SAGS 2011

SUB TOTAL R

## ACCOMMODATION COSTS

<b>OPTION A</b>	SPECIAL STRICTLY FOR 2 REGISTERED DOCTORS SHARING A TWIN ROOM	<b>R1 200 PER DOCTOR</b>
	<p><b>Includes:</b> 2 Night's accommodation at Spier Wine Estate in a twin room, breakfast daily, tourism levy, portorage and vat</p> <p>Should you select this option please confirm the doctor you will be sharing with:</p> <p>_____</p>	
<b>OPTION B</b>	SINGLE ROOM	<b>R2 310 PER DOCTOR</b>
	<p><b>Includes:</b> 2 Night's accommodation at Spier Wine Estate in a single room, breakfast daily, tourism levy, portorage and vat</p>	
<b>OPTION C</b>	DOUBLE ROOM WITH ACCOMPANYING PERSON	<b>R3 310 PER DOCTOR</b>
	<p><b>Includes (for doctor and spouse):</b> 2 Night's accommodation at Spier Wine Estate in a double room, breakfast daily, tourism levy, portorage, vat and accompanying persons dinner at Moyos and the Barnyard.</p> <p><i>Please note:</i> No additional registration fee will be charged for accompanying persons</p>	

SUB TOTAL R

## METHOD OF PAYMENT

Direct EFT

Credit Card

**Please charge the total for the SAGS Congress 2011 to the following credit card:**

Name of Card Holder:											
Type of Card:	Visa	Mastercard	Diners / American Express Cards <b>NOT ACCEPTED</b>								
Card Number:											
Expiry Date:			Last 3 Digits on Card:								
Signature of Card Holder:											

I Authorise Payment to the **TOTAL AMOUNT R**