

# SOUTH AFRICAN GLAUCOMA SOCIETY

13th ANNUAL CONGRESS Alpine Heath Resort, DRAKENSBERG

28 - 30 MAY 2010



## Professor Peng Tee Khaw

*Professor of Glaucoma and Ocular Healing and Consultant Ophthalmic Surgeon PhD FRCP FRCS*

*FRCOphth FIBiol FRCPath FMedSci*

*"Khaw is Professor of Ocular Healing and Glaucoma at Moorfields Eye Hospital..."*

*Professor Peng Tee Khaw is a consultant ophthalmic surgeon at Moorfields Eye Hospital NHS Foundation Trust, and Professor of Glaucoma and Ocular Healing at the UCL (University College*

*London) Institute of Ophthalmology, he has been appointed as one of six new programme managing directors and will lead on the research theme of eyes and vision for UCL Partners.*

*Professor Khaw is also the Director of the affiliated National Institute for Health Research (NIHR) Specialist Biomedical Research Centre and Director of Research and Development at Moorfields Eye Hospital.*

*Professor Khaw is also on the board of trustees of the Association for Research into Vision and Ophthalmology. His research interests include new surgical techniques, having developed the Moorfields safer glaucoma surgery system and new therapies to prevent ocular scarring, some of which are now in use in the UK and around the world.*

*He has published more than 350 papers, chapters and books including the ABC of Eyes– the most popular ophthalmology book in the UK for GPs and medical students. He and his group have received many awards, including the first international ARVO USA Pfizer translational medicine prize in 2005 for developing basic laboratory discoveries through to several new clinical treatments and techniques.*

# SOUTH AFRICAN GLAUCOMA SOCIETY

13th ANNUAL CONGRESS Alpine Heath Resort, DRakensberg 28 - 30 MAY 2010

## 1. REGISTRATION FORM - Doctor Information

Full Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Title: \_\_\_\_\_ HPCSA No. MP: \_\_\_\_\_  
 Practice VAT No: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_



## 2. CONGRESS FEES - Entire Duration of the Congress

<b>MEMBER</b>	
Private Practice / Academic / Full Time Fee	R 1 000.00
***** <b>R500.00 discount for paid in FULL Members since 2008</b>	
Registrar	R 250.00 ***** <b>FREE for paid in FULL Members since 2008</b>
<b>NON-MEMBER</b>	
Private Practice / Academic / Full Time Fee	R 1 500.00
Registrar	R 350.00

### CONGRESS FEE INCLUDES:

- \* Participation in the Congress
- \* Congress Teas & Lunches
- \* Accompanying Persons Lunches
- \* Congress Bag including Accompanying Person

*\*\* Discount Rules: Proof of payment for 2008 & 2009  
 SAGS Membership may be requested*

## 3. ACCOMMODATION FEE

Rate is based per person for **2 nights (28 – 30 May 2010)** in 3-Bedroom Chalets as selected below  
**NO** 1 night rate applicable

	2 persons	3 persons	4 persons	5 persons	6 persons
<b>MEMBER</b>					
Private Practice / Academic / Full Time Fee	R 2 300.00	R 1 900.00	R 1 545.00	R 1 440.00	R 1 260.00
<b>NON-MEMBER</b>					
Private Practice / Academic / Full Time Fee	R 2 810.00	R 2 200.00	R 1 845.00	R 1 740.00	R 1 560.00
<b>REGISTRAR</b>	R 1 810.00	R 1 600.00	R 1 245.00	R 1 140.00	R 960.00

### ACCOMMODATION FEE INCLUDES:

- \* 2 Night's Accommodation at Alpine Heath Resort
- \* Breakfast Daily
- \* Welcome Dinner & Beverages – Friday Night
- \* Gala Dinner Entertainment & Beverages – Saturday Night

**CANCELLATION FEE:** Up to 30 days before the Congress a full refund with a R250.00 admin fee will be levied,  
 30 days or less prior to Congress - 100% cancellation fee

**PLEASE CONTACT Charmaine Watkins at Smoothevents**  
**Tel. 011 468 5339 Cell. 082 920 9505 Fax. 086 649 2355**  
**Email. [charmaine@smoothevents.co.za](mailto:charmaine@smoothevents.co.za)**  
**Transfer quotes on request.**

# SOUTH AFRICAN GLAUCOMA SOCIETY

13th ANNUAL CONGRESS Alpine Heath Resort, DRAKENSBERG

28 - 30 MAY 2010

## PAYMENT DETAILS

**CREDIT CARD DETAILS** *If paying by credit card, please complete the following:*

Name of Cardholder. \_\_\_\_\_

Amount to be deducted off Credit Card. R \_\_\_\_\_

Type of Credit Card.  Master Card  Diners  Visa

Credit Card Number. \_\_\_\_\_

Expiry. \_\_\_\_\_

CVV. (Authorisation 3 digits). \_\_\_\_\_

Signature of Cardholder. \_\_\_\_\_

Date. \_\_\_\_\_

## BANKING

Smoothevents RMB ( Rand Merchant Bank)

Branch: 261 251 ( Sandton)

Account: 621 264 713 25

Please use SAGS and your full name as a reference

Fax proof of payment to 011 468 5232

## CHEQUE

Postal: P.O Box 3154, Kyalami, 1684