



CONGRESS REGISTRATION FORM

The combined congress of the Southern African Society of Human Genetics and the African Society of Human Genetics

13-16/17 March 2005

GLENBURN LODGE COUNTRY ESTATE
MULDERSDRIFT, GAUTENG

Please return this form to **Conferplan Incorporated**
Fax: (011) 794-4263 Tel: (011) 794-4251/3/4
E-mail: conferplan@icon.co.za

PLEASE ENSURE THAT ALL RELEVANT PAGES ARE RETURNED VIA FAX BEFORE 11 FEBRUARY 2005(early registration) or 28 FEBRUARY 2005(late registration)

For any queries regarding the conference please contact:
DR ENGELA HONEY on (012) 319 2269 or e-mail ehoney@medic.up.ac.za

FULL DELEGATES

Please return pages 1,2,3 & 6

Surname:	First Name:
Accompanying person <input type="checkbox"/>	delegate <input type="checkbox"/> non-delegate <input type="checkbox"/>
Surname:	First Name:
Company:	E-mail:
Company address:	Postal code:
Tel ()	Cell phone
Fax ()	

Are you a member? Yes/No

Please indicate if you or your partner has any special dietary requirements

EG: Halaal, Kosher, Vegetarian _____

CONGRESS REGISTRATION FORM





ACCOMMODATION DETAILS

GLENBURN LODGE COUNTRY ESTATE, MULDRSDRIFT

To be completed if accommodation is required

CONFERENCE PACKAGES

PACKAGE 1 – Full Congress (SASHG & AfSHG)

13 – 17 March 2005

Package includes: All meals from dinner on Sunday to lunch on Thursday

PLEASE NOTE: **Sunday lunch AND all non-delegate lunches** are not included in this package. Should you wish you book lunch, please pay hotel directly at a cost of R95.00 per person per meal.

NUMBER OF DELEGATES ATTENDING				
TYPE OF ROOM	COST		COST	
EARLY REGISTRATION Before/on 11 February 2005	MEMBERS		NON -MEMBERS	
SINGLE	R 4 000.00	<input type="checkbox"/>	R 4 100.00	<input type="checkbox"/>
SHARING –PER DELEGATE	R 3 700.00	<input type="checkbox"/>	R 3 800.00	<input type="checkbox"/>
SHARING –NON DELEGATE	R 2 210.00	<input type="checkbox"/>	R 2 210.00	<input type="checkbox"/>
LATE REGISTRATION After 11 February 2005	MEMBERS		NON-MEMBERS	
SINGLE	R 4 200.00	<input type="checkbox"/>	R 4 300.00	<input type="checkbox"/>
SHARING –PER DELEGATE	R 3 900.00	<input type="checkbox"/>	R 4 000.00	<input type="checkbox"/>
SHARING –NON DELEGATE	R 2 240.00	<input type="checkbox"/>	R 2 240.00	<input type="checkbox"/>

PACKAGE 2 – SASHG part of congress

13 – 16 March 2005

Package includes: All meals from dinner on Sunday to lunch on Wednesday

PLEASE NOTE: **Sunday lunch AND all non-delegate lunches** are not included in this package. Should you wish you book lunch, please pay hotel directly at a cost of R95.00 per person per meal.

NUMBER OF DELEGATES ATTENDING				
TYPE OF ROOM	COST		COST	
EARLY REGISTRATION Before/on 11 February 2005	MEMBERS		NON -MEMBERS	
SINGLE	R 3 200.00	<input type="checkbox"/>	R 3 300.00	<input type="checkbox"/>
SHARING –PER DELEGATE	R 2 900.00	<input type="checkbox"/>	R 3 000.00	<input type="checkbox"/>
SHARING –NON DELEGATE	R 1 740.00	<input type="checkbox"/>	R 1 740.00	<input type="checkbox"/>
LATE REGISTRATION After 11 February 2005	MEMBERS		NON-MEMBERS	
SINGLE	R 3 400.00	<input type="checkbox"/>	R 3 500.00	<input type="checkbox"/>
SHARING –PER DELEGATE	R 3 100.00	<input type="checkbox"/>	R 3 200.00	<input type="checkbox"/>
SHARING –NON DELEGATE	R 1 770.00	<input type="checkbox"/>	R 1 770.00	<input type="checkbox"/>

CONGRESS REGISTRATION FORM





PACKAGE 3 – AfSHG part of congress

15 - 17 March 2005

Package includes: All meals from dinner on Tuesday to lunch on Thursday

PLEASE NOTE: **Tuesday lunch AND all non-delegate lunches** are not included in this package. Should you wish you book lunch, please pay hotel directly at a cost of R95.00 per person per meal.

CONGRESS REGISTRATION FORM

NUMBER OF DELEGATES ATTENDING				
TYPE OF ROOM	COST		COST	
EARLY REGISTRATION Before/on 11 February 2005	MEMBERS		NON -MEMBERS	
SINGLE	R 2 300.00	<input type="checkbox"/>	R 2 400.00	<input type="checkbox"/>
SHARING –PER DELEGATE	R 2 100.00	<input type="checkbox"/>	R 2 200.00	<input type="checkbox"/>
SHARING –NON DELEGATE	R 1 100.00	<input type="checkbox"/>	R 1 100.00	<input type="checkbox"/>
LATE REGISTRATION After 11 February 2005	MEMBERS		NON-MEMBERS	
SINGLE	R 2 500.00	<input type="checkbox"/>	R 2 600.00	<input type="checkbox"/>
SHARING –PER DELEGATE	R 2 300.00	<input type="checkbox"/>	R 2 400.00	<input type="checkbox"/>
SHARING –NON DELEGATE	R 1 130.00	<input type="checkbox"/>	R 1 130.00	<input type="checkbox"/>

ALL CONFERENCE RATES INCLUDE: meals as specified, accommodation, conference facilities, abstract book, bag and tourism levy.

TOTAL OWING	R _____
--------------------	----------------

PLEASE INDICATE YOUR METHOD OF PAYMENT

- Cheque
- Direct deposit

WHEN PAYING BY DIRECT DEPOSIT

Banking details

Account Name: SASHG Congress 2005

Bank: ABSA

Account Type: Savings

Account number: 913 424 0595

Branch: Ben Swart Street

Branch number: 632 005

ABSA Swift Number: Absa ZA JJ

WHEN PAYING BY CHEQUE

Please make cheques out to: SASHG CONGRESS 2005

PLEASE NOTE:

PROOF OF PAYMENT IS REQUIRED BEFORE BOOKINGS WILL BE CONFIRMED.

Please fax payment confirmation as well as your registration form to: CONFERPLAN INC. on 011 794 4263 (fax)





DAY DELEGATE REGISTRATION FORM

Complete only if you are not making use of the accommodation package.
Please return pages 4,5,6

CONGRESS REGISTRATION FORM

Surname:	First Name:
Accompanying Person Surname:	First Name:
Company:	E-mail:
Company address:	
Postal code:	
Tel: ()	
Cell phone	
Fax: ()	

Are you a member? Yes/No

Please indicate if you or your partner has any special dietary requirements:

Please indicate which functions you will be attending

CONFERCING EARLY REGISTRATION ON OR BEFORE 11 FEBRUAY 2005						
FUNCTION	COST		COST		NO.	TOTAL
EARLY REGISTRATION	MEMBERS		NON -MEMBERS			
CONFERCING FIRST DAY	R 670.00 R 640.00 if first day is on Sunday	<input type="checkbox"/>	R 770.00 R 740.00 if first day is on Sunday	<input type="checkbox"/>		
ADDITIONAL DAYS	R 310.00 per day	<input type="checkbox"/>	R 310.00 per day	<input type="checkbox"/>		
CONFERCING LATE REGISTRATION AFTER 11 FEBRUAY 2005						
LATE REGISTRATION	MEMBERS		NON-MEMBERS			
CONFERCING FIRST DAY	R 820.00 R 790.00 if first day is on Sunday	<input type="checkbox"/>	R 920.00 R 890.00 if first day is on Sunday	<input type="checkbox"/>		
ADDITIONAL DAYS	R 310.00	<input type="checkbox"/>	R 310.00	<input type="checkbox"/>		





CONGRESS REGISTRATION FORM

Please indicate which dinner functions you will be attending

DINNER FUNCTIONS FOR DAY DELEGATES					
	DATE	FUNCTION	COST	NO.	TOTAL
<input type="checkbox"/>	Sunday 13 March 2005	Welcome Cocktail Party	R 185.00 p/p		
<input type="checkbox"/>	Monday 14 March 2005	Braai	R 185.00 p/p		
<input type="checkbox"/>	Tuesday 15 March 2005	Gala Dinner	R 185.00 p/p		
<input type="checkbox"/>	Wednesday 16 March 2005	Buffet dinner In the restaurant	R 115.00 p/p		

TOTAL OWING R _____

PLEASE INDICATE YOUR METHOD OF PAYMENT

- Cheque
- Direct deposit

WHEN PAYING BY DIRECT DEPOSIT

Banking details

Account Name: SASHG Congress 2005

Bank: ABSA

Account Type: Savings

Branch: Ben Swart Street

Account number: 913 424 0595

Branch number: 632 005

ABSA Swift Number: Absa ZA JJ

WHEN PAYING BY CHEQUE

Please make cheques out to: SASHG CONGRESS 2005

PLEASE NOTE:

PROOF OF PAYMENT IS REQUIRED BEFORE BOOKINGS WILL BE CONFIRMED.

Please fax payment confirmation as well as your registration form to:
CONFERPLAN INC. on 011 794 4263 (fax)





CONGRESS REGISTRATION FORM



CANCELLATION TERMS

Please note the following for both full and day delegates

- Should accommodation be cancelled **before Friday 25 February 2004** you will be charged 50% of your total package price.
- Should accommodation be cancelled **on or after Friday 25 February 2004** you will be charged 100% of your total package price.
- Should any **day delegate** cancel his/her attendance at any one of their selected functions a **100% cancellation fee** will be charged

I _____ (name) accept the cancellation terms and conditions as stated above.

