

Registration Form

Please complete and return before Thursday, 10th June 2010 to: Marilize van der Linde, Cell: 083 3398911 or
Tel: 022 715 1919 – Fax: 086 568 4775 – Email: marilize@adept.co.za

Section A: Delegate Personal Details – please use block letters

Title: _____ First Name: _____ Surname: _____

Name on Congress Badge: _____

Postal Address: _____ Postal Code: _____

SADTC No: _____ Lab Name: _____

Tel: _____ Fax: _____ Cell: _____

Email: _____ Submission date of registration form: _____

Student Number: _____ Education Institute: _____

Profession:

Dental Technician Dentist Other
 Dental Tech Student Orthodontist Specify: _____

Dietary Requirements: *Halaal & Kosher: Outsourced, surcharge of R230 pp/per day*

Vegetarian Halaal Kosher

Section B: Registration

Registration Type	Early – R995.00pp Registration and full payment on or before Tuesday, 15 June'10	Late – R1300.00pp Registration and full payment after Tuesday, 15 June'10
--------------------------	--	---

Terms & Conditions

Early registration fees will be applicable to delegates who **BOOK AND PAY** prior to the cut-off date (15 June 2010). Should you register prior to cut-off date but omit to pay, your registration would automatically be converted to late registration. Registration will **not** be confirmed without **pre-payment. No Refunds**

Section C: Social Events

Are you interested in the spouse's program? Yes No

**Note that Delegate Fee applies to any spouse or accompanying person non-dental related, who wishes to join luncheons or teas at the Congress.*

Dietary Requirements: *Halaal & Kosher: Outsourced, surcharge of R230.00 pp/per day*

Vegetarian Halaal Kosher

Will you be attending the following? Please tick:

06 August 2010 Southern Implants Cocktail Evening Yes No Qty of Tickets
 (Compliments of Southern Implants)

07 August 2010 DENTASA Awards Banquet (R350.00pp) Yes No Qty of Tickets

Section D: Method of Payment

* Once your registration form has been processed, an invoice will be forwarded to you.
 * Kindly include your reference number as indicated on your invoice when transmitting payment.
 * Please note that payment is only to be made on receipt of invoice.

Please indicate your intended method payment:

* Electronics Bank Transfer * Direct Deposit **Total Amount Due: R** _____