

REGISTRATION FORM

OSSA CONGRESS 2022



- COMPLETE** clearly in BLOCK LETTERS - as detailed as possible please
- E-MAIL / FAX** Registration Form, as well as **proof of payment** (if applicable) to ossa2021@rkcommunication.co.za / + 27 (0) 86 60 60 555

Preferred option:
Please register **ONLINE** at ossa2022.co.za/registration

- Please ensure that you receive a confirmation by e-mail from the organisers **within 10 working days**
- IMPORTANT REQUEST TO COMPANIES SPONSORING DELEGATES:**
Kindly let us have the delegate's **personal e-mail address** and other **contact information**.

Please tick one: Ophthalmologist Registrar MO / Dr from other discipline Optometrist Nurse Orthoptist

Practice manager & Administrator Ocularist Ophthalmic assistant Trade Other (specify):

PERSONAL DETAILS

Surname								First name			
Initials		Title		Prof	Dr	Mr	Mrs	Ms	HPCSA No		
ID no (SA Citizens)				Passport no (Non-SA Citizens)							
Preferred badge name of delegate											
Company / Institution						VAT No					
Postal address											
Province			City			Country			Postal code		
Business telephone						Business fax					
E-mail address								Mobile no			
Special dietary requirements			Vegetarian		Halaal		Other:				

ACCOMMODATION: You are responsible for your own accommodation arrangements.

Hotel	The Cabannas	Soho (Sun City) Hotel	Cascades	The Palace
Other hotel / guest house / lodge (Please specify):				

TRAVEL ARRANGEMENTS (Please refer to page 16 of the Invitation)

I have made arrangements to travel by air and wish to make use of the shuttle service between OR Tambo International Airport and Sun City (Return fare: R 900)							YES	NO
From OR Tambo Int Airport		Flight No	Date	___ March	Arrival time			
To OR Tambo Int Airport		Flight No	Date	___ March	Departure time			
Shuttle from OR Tambo Int to Sun City:		Tuesday, 8 March	17:00					
		Wednesday, 9 March	07:00	09:00	11:00	14:00	16:00	
		Thursday, 10 March	08:00					
Shuttle from Sun City to OR Tambo Int:		Saturday, 12 March	12:30					
		Sunday, 13 March	08:00	11:30				

Masterclass 1: Retinal surgery - Wednesday, 9 March, 10:00 – 13:30	YES	NO
Masterclass 2: Anterior segment imaging - Wednesday, 9 March, 14:15 – 17:30	YES	NO

I am personally responsible for full payment of congress registration fees if my company / organisation do not pay them. **SIGNATURE:** _____ **DATE** _____

Enquiries: Amelia Koch & Heyns du Preez
Tel: Domestic calls 051 436 7733 **E-mail:** ossa2022@rkcommunication.co.za
 International calls 00 27 51 436 7733 **Fax:** 086 60 60 555

Please turn over

NAME: _____ Responsible for payment: _____

Please refer to fee entitlements (Page 12)	EARLY BIRD Register AND pay UNTIL 15 Oct 2021		STANDARD FEE Register AND pay FROM 16 Oct 2021		LATE FEE Register AND pay FROM 26 Feb 2022		
	Entire duration	*Specific days	Entire duration	*Specific days	Entire duration	*Specific days	
15% VAT Included							
MEMBERS:							
Ophthalmologist in private practice or part-time private practice	R7 200	R3 000 / d	R8 150	R3 600 / d	R9 250	R4 100 / d	R
Ophthalmologist in full-time government employment with no private practice	R5 300	R2 500 / d	R6 200	R 2 850 / d	R7 200	R3 100 / d	R
Associate member: Optometrist / Doctor from any other discipline	R5 750	R2 600 / d	R6 950	R3 000 / d	R7 550	R3 250 / d	R
Registrar	R3 000	R1 300 / d	R3 600	R1 600 / d	R4 100	R1 900 / d	R
Honorary life member (Over 65 and retired)	0	0	0	0	0	0	-
NON-MEMBERS:							
Ophthalmologist in private practice or part-time private practice	R12 100	R5 100 / d	R12 800	R5 600 / d	R13 250	R6 200 / d	R
Ophthalmologist in full-time government employment with no private practice	R9 500	R3 850 / d	R10 500	R4 700 / d	R12 500	R5 300 / d	R
Ophthalmologist from Africa (Excluding South Africa)	R6 200	R2 700 / d	R7 200	R3 100/d	R7 550	R3 550 / d	R
Ophthalmologist from abroad	R9 500	R3 850 / d	R10 500	R4 700 / d	R12 500	R5 300 / d	R
Optometrist in private practice or part-time private practice / Doctor from any other discipline	R5 950	R2 500 / d	R6 550	R2 900 / d	R7 200	R3 100 / d	R
Medical officer in Ophthalmology / Registrar / Practice Manager & Administrator / Ophthalmic Assistant / Ophthalmic Nurse / Optometrist in full-time government employment / Orthoptist / Ocularist / Community Field Worker	R3 600	R1 600 / d	R4 100	R1 900 / d	R4 600	R2 100 / d	R
Full-time optometry student	R2 500	R1 000 / d	R3 000	R1 200 / d	R3 500	R1 400 / d	R
ADDITIONAL TRADE DELEGATES (More than the 2 free delegates per stand)	R5 200	R2 300 / d	R5 800	R2 600 / d	R6 350	R3 000 / d	R
ONLY trade delegates participating in the Trade Exhibition OR as sponsors will be allowed to register for the congress.							
	Ophthal mologist	MO / Registrar	Ophthal mologist	MO / Registrar	Ophthal mologist	MO / Registrar	
RETINAL SURGERY MASTERCLASS	R950	R475	R1 050	R525	R1 150	R575	R
ANTERIOR SEGMENT IMAGING MASTERCLASS	R950	R475	R1 050	R525	R1 150	R575	R
BOTH MASTERCLASSES	R1 500	R750	R1 700	R850	R1 900	R950	R
*Registration for specific days (Day delegates): Please tick day(s)				Th	Fr	Sa	

SOCIAL FUNCTIONS (The Welcoming function is free of charge for those delegates attending the entire academic congress. All delegates have to pay for the OSSA Banquet). PLEASE indicate the number attending:					
Welcoming function (9 March)	Delegate	↓	Accompanying guest(s)	R300 x ___ person(s)	R
Young Ophthalmologist Symposium (11 March) For registrars & Ophthalmologists in their first five years post-graduation. Free of charge.	Delegate		Accompanying guest(s)	R300 x ___ person(s)	R
OSSA Banquet (12 March) All delegates & accompanying guests pay	Delegate & Accompanying guest(s)			R400 x ___ person(s)	R

Golf Day (Fr 11 March)	R750 x ___ person(s)	R
Game drive (Fr 11 March)	R740 x ___ person(s)	R
SHUTTLE from and to OR TAMBO International (please specify times on first page)	R900 x ___ person(s)	R

METHOD OF PAYMENT	EFT / Bank deposit	**Credit card	TOTAL	R
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Bank deposit / EFT Standard Bank (Menlyn) Account name: OSSA Congress (Same as 2019 Congress)
 Account nu: 012 1500 53 Branch code: 012345 Swift code: SBZA ZA JJ (for international transfers)

****Credit card payments:** Download a **credit card authorization form** the website or request it from the organisers.
Reference: Your **name & surname** as it appears on the registration form.