



# Delegate Registration Form

SADA Congress 04 - 06 August 2017

Online registration: [www.sadacongress.co.za](http://www.sadacongress.co.za)

If not registering online please complete the entire registration form, and submit with your Credit card details for manual transactions processing.  
 Send to Nelisa Makubalo via fax to: 086 758 9889, or via E-mail to [NMakubalo@sada.co.za](mailto:NMakubalo@sada.co.za).  
 Enquiries: Tel: 011 484 5288. Office hours, Monday to Friday, 08:00 - 16:00.  
 For online registration and payment go to: [www.sadacongress.co.za](http://www.sadacongress.co.za)

## SECTION A PERSONAL INFORMATION

(PLEASE PRINT IN BLOCK CAPITALS AND INDICATE THE APPROPRIATE BLOCKS WITH AN 'X'.)

SURNAME  FIRST NAME

ID NO  INITIALS  TITLE

NAME ON BADGE  HPCSA REG NO (not practice no)

NAME OF PRACTICE/  
ACADEMIC INSTITUTION

POSTAL ADDRESS

TELEPHONE NO (W)  -  -  CELLPHONE NO  -  -

E-MAIL

FAX NO  -  COMPANY VAT NO

## ACCOMPANYING PERSON

SURNAME  INITIALS  TITLE

## SECTION B REGISTRATION FEES (VAT INCLUDED)

25% CANCELLATION FEE WILL BE LEVIED FOR ALL CANCELLATION OF REGISTRATION MADE ON OR BEFORE 31 MAY 2017.  
 NO REFUNDS WILL BE GIVEN FOR CANCELLATIONS RECEIVED AFTER THIS DATE.

REGISTRATION SECTION (MARK WITH AN 'X')

DENTAL CATEGORY	FULL REGISTRATION: 04 - 06 AUG 2017				DAY DELEGATE REGISTRATION FEES PER DAY								
	EARLY BIRD (BEFORE 31 MAY)	MARK X	LATE (AFTER 31 MAY)	MARK X	EARLY BIRD (BEFORE 31 MAY)	FRI 04 AUG	SAT 05 AUG	SUN 06 AUG	LATE (AFTER 31 MAY)	FRI 04 AUG	SAT 05 AUG	SUN 06 AUG	
*SADA IDESA member	R 3 800	<input type="checkbox"/>	R 4 500	<input type="checkbox"/>	R 1 750	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 2 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
**SADA Core Member	R 4 800	<input type="checkbox"/>	R 5 500	<input type="checkbox"/>	R 2 400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 2 800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-SADA Member	R 5 700	<input type="checkbox"/>	R 6 800	<input type="checkbox"/>	R 2 800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 3 300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dental Technician/Therapist	R 2 500	<input type="checkbox"/>	R 3 000	<input type="checkbox"/>	R 1 250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 1 500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral Hygienist	R 2 000	<input type="checkbox"/>	R 2 400	<input type="checkbox"/>	R 1 000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 1 200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dental Assistants / Practice Management	R 1 600	<input type="checkbox"/>	R 1 900	<input type="checkbox"/>	R 800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 950	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Registrar / Student	R 1 800	<input type="checkbox"/>	R 2 200	<input type="checkbox"/>	R 800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 950	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibition ONLY Visitor	R 1 000	<input type="checkbox"/>	R 1 200	<input type="checkbox"/>	R 500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 600	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse Visitor	R 650	<input type="checkbox"/>	R 800	<input type="checkbox"/>	R 350	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 450	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		TOTAL	R		TOTAL	R			TOTAL NO OF DAYS				
										TOTAL SECTION B			R

\* SADA IDESA Member - SADA Member who has purchased the IDESA (Educational) membership package which allows the member a discount of R1000 on the Annual SADA Congress full registration fee.  
 \*\* SADA Core Member - SADA Member who has purchased the CORE membership package. This does not qualify the SADA Member for a discount on the Annual SADA Congress full registration fee.



Brought to you by

**SADA**  
THE SOUTH AFRICAN  
DENTAL ASSOCIATION





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## SADA Congress 04 - 06 August 2017

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### SECTION C PROGRAMME SESSION BOOKINGS

Please note this bookings work on a first come first serve basis due to limited seats in the lecture room. Please indicate your option with an '√'.

#### FRIDAY 04 AUGUST: SESSION OPTIONS

TIME	SESSION	√
08:00 - 10:00	RESTORATIVE (3M ESPE)	
10:30 - 12:30	RESTORATIVE (3M ESPE)	
08:00 - 10:00	LASERS (SCIVISION)	
10:30 - 12:30	LASERS (SCIVISION)	
08:00 - 12:30	SEDATION	
08:00 - 12:30	IMPLANTOLOGY (WRIGHT-MILLNERS)	
08:00 - 16:40	SASPIO	
08:00 - 12:30	ENDODONTICS	
08:00 - 10:00	INTERACTIVE SESION/ YOUNG DENTAL COUNCIL	
13:30 - 17:00	MAIN PLENARY	

#### SATURDAY 05 AUGUST: SESSION OPTIONS

08:00 - 17:00	MAIN PLENARY	
08:30 - 17:00	ORAL HYGENIST	
08:00 - 17:00	DENTAL ASSISTANT	
08:00 - 17:00	PRACTICE MANAGEMENT	

#### SUNDAY 06 AUGUST: SESSION OPTIONS

08:00 - 14:00	MAIN PLENARY	
08:00 - 13:50	APSA	

### SECTION G: PAYMENT DETAILS

R SECTION B + R SECTION E = R

**DEBIT / CREDIT CARD PAYMENTS ONLY:** Please fill in details below. SADA does not store or record any card details. You will be called on the telephone number you have indicated on page 1 of this registration form for card details to be processed.

Charge my: Visa  Master  Amex  Diners

To the amount of R

Expiry date  /  /  /

Initials and surname of cardholder Initials

Surname

ID no.

- TERMS AND CONDITIONS**
- Full payment of registration fees are required to confirm registration.
  - Delegates are responsible for their own accommodation and travel arrangements.

**SADA BANKING DETAILS**  
 Account name: The South African Dental Association  
 Bank: ABSA Bank  
 Account no: 01000021420  
 Branch: Park Station  
 Reference: Account no as appeared on invoice & name of individual /company

**INTERNATIONAL TRANSFERS**  
 International Swift no: ABSA ZAJJ  
 Address Details: 11 Diagonal Street, Newtown, Johannesburg, 2001

- CANCELLATIONS**
- 25% cancellation fee will be levied for all cancellation of registration made on or before 31 May 2017. No refunds will be given for cancellations received after this date.
  - Cancellation should be received in writing.
  - If notification is not received in writing and confirmed by this office, you will be liable for the full registration fee.

I have read and understand the terms & conditions and cancellation clause, as indicated above.

NAME

DATE

SIGNATURE



### SECTION D: CONGRESS WELCOME FUNCTION

Please indicate whether you will be attending the Shebeen Party on Friday 04 August 2017 by marking the appropriate block

MAIN FOYER AREA OF CENTURY CITY CONFERENCE CENTRE		
	YES	NO
DELEGATE		
ACCOMPANYING PERSON		

### SECTION E: GALA & AWARDS DINNER

Please indicate whether you will be attending the Gala dinner on Saturday 05 August 2017 by marking the appropriate block

VENUE: HALL D CENTURY CITY CONFERENCE CENTRE	DRESS CODE: Formal	
	YES	NO
DELEGATE	R 570	
ACCOMPANYING PERSON	R 570	
<b>TOTAL SECTION E</b>	<b>R</b>	

### SECTION F: DIETARY REQUIREMENTS

All food served at the venue is from a HALAAL FRIENDLY kitchen. Attendees wishing to utilize food from the STRICTLY HALAAL kitchen, OR have STRICTLY KOSHER REQUIREMENTS, indicate your preference below.

Special dietary requirements, to register at least 10 days prior to 31 July. (cut off date 21/07/2017) please contact M van der Linde on congress@sada.co.za in this regard.

	STRICTLY KOSHER REQUIREMENTS*	STRICTLY HALAAL REQUIREMENTS**
DELEGATE		
ACCOMPANYING PERSON		

A food surcharge\* is applicable for Kosher requirements, but no extra charge\*\* applicable to Halaal Friendly and Strictly Halaal.

The South Africa Dental Association (SADA) and its representatives respect your rights to privacy and protection of your personal information. SADA is seeking your written permission to release your name and contact details to traders participating in the Congress. Please indicate your preference by ticking the appropriate box.	YES	
	NO	