



SUCCEEDING THROUGH QUALITY
CAMPUS HEALTH CARE

SAACHS
41st Annual Conference KZN Region
06th - 10th January 2020
Venue: Hotel Fairmont Zimbali Resort

Each delegate must complete a separate form.

Eg Prof/Dr/Mr/Mrs/Ms: _____ First Name: _____ Surname: _____

Institution: _____

Tel: _____ Cell: _____ Email: _____

Please indicate Special Dietary Requirements: (e.g. Veg/Halaal /Kosher) _____

NB: ALL INDICATED SPECIAL DIETARY REQUIREMENT WILL BE CHARGED R500.00 PER MEAL

SAACHS 2020 REGISTRATION FEES	BEFORE 31 OCT 2019	AFTER 31 OCT 2019	X
Conference (SAACHS members)	R 4 500.00	R5 000.00	
Conference (Non SAACHS members)	R5000.00	R5500.00	

Indicate which day (s) of Attendance

6 January 7 January 8 January 9 January All

Banking Details

LOC. Account National SAACHS Account
Account Holder: SAACHS Account Holder: SAACHS
Type of Account: Cheque Type of Account: Savings
Bank: ABSA Bank: ABSA
Account Number: 409 452 6644 Account number: 348 145 819

Delegates are encouraged to deposit into the LOC Account.

Registration will only be confirmed upon proof of payment.

Please note: Cancellation fee of 50% if cancelled before 31 October 2019

Signature _____ Date _____

Please send completed forms to: kznsaachs@gmail.com

