|  |  |
| --- | --- |
| C:\Users\mudalyv\Documents\AMESA 2019\Logo\AMESA Logo 1 - Transparent.png | E-REGISTRATION FORMAMESA CONGRESS 2019 Return this whole completed form to:  [congress2019@amesa.org.za](mailto:congress2019@amesa.org.za) |

You may have to Enable Editing in the warning pop-up above:

# 

Click on each  **°°°°°** below and start typing … (To see **°°°°°** click on  in the ribbon/toolbar.)

You can use TAB to jump to the next field. Click in the option boxes to select, click again to un-select …

**CONTACT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | First name (*to appear on nametag*): | | Surname: | | |
|  |  | |  | | |
| Postal address: | | | | | |
|  | | | | | |
| Postal code: | | | | | |
|  | | | | | |
| Province: | | | | | |
|  | | | | | |
| Name of school or institution: | | | | | |
|  | | | | | |
| Your e-mail address (our *preferred mode!*): | | Cell: | | Tel: | Fax: |
|  | |  | |  |  |

**AMESA MEMBERSHIP**

*It is AMESA policy that all participants must be paid-up AMESA members.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a current ***paid-up AMESA member***? Please tick/click: | **Yes** |  | **No** |  |
| **If yes**, please type your AMESA membership number here for us to check: |  | | | |
| **If no**, complete the attached [AMESA membership application form](#member) and type the appropriate membership fee here: | **Amount (R)** | | | |
|  |  | | | |

**REGISTRATION FEE**

|  |  |
| --- | --- |
| *Please type the appropriate fee. The date-policy will be strictly enforced.* | **Amount (R)** |
| **Early** registration: **R1200** (by 24 April) |  |
| **Normal** registration: **R1450** (25 April to 26 May) |  |
| **Late** registration: **R1650**  (after 26 May) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| OR | Mon | Tue | Wed | Thu | Fri | **Amount (R)** |
| **Day visitors:** Please tick the appropriate *days* @ **R550/person/day** |  |  |  |  |  |  |
| Congress materials for day visitors can be pre-ordered only until 10 June, at R550 | | | | | |  |

**HOSTEL\* ACCOMMODATION (including breakfast and dinner)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Tick*** *the nights and enter the amounts* | Sun | Mon | Tue | Wed | Thu | **Amount (R)** |
| Accommodation @ **R520/person/night** |  |  |  |  |  |  |

**\* Contact the Congress Secretary to check availability!**

**PTO**

**EVENING FUNCTIONS**

|  |  |
| --- | --- |
| ***Type*** *the amounts for your choices:* | **Amount (R)** |
| Tuesday 4July: Cultural evening@ **R350** |  |
| Thursday 6 July: Gala dinner@ **R400** |  |

**EXCURSIONS**

|  |  |
| --- | --- |
| ***Type******the amount for at most one choice (see Announcement for details):*** | **Amount (R)** |
| 1. Moses Mabhida Stadium @ **R350** |  |
| 2. Phezulu Safari Park @ **R400** |  |
| 3. UShaka Marine World @ **R450** |  |
| 4. Kwa-Zulu Natal Sharks Board Maritime Centre of Excellence @ **R500** |  |
| 5. Inanda Township Tour @ **R500** |  |

|  |  |
| --- | --- |
|  | **Amount (R)** |
| **TOTAL AMOUNT OWING:** |  |

**DIETARY REQUIREMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dietary requirements:  **Tick** | None | Vegetarian | Halaal | Diabetic | Other. Specify: |
|  |  |  |  |  |

**ANYTHING ELSE?**

***Type*** *here anything else you want to bring to the attention of the organisers:*

|  |
| --- |
|  |

[**Go to the Payment Form**](#pay)

***Your registration is not complete (you are not registered) until we receive your full payment!***

**PTO**

**PAYMENT FORM**

*Please tick your method of payment and complete:*

Note: No credit card payments are possible for registration here or at the conference venue.

|  |  |  |
| --- | --- | --- |
|  | **Cheque or postal order** made out to AMESA for the amount of | **R** |
|  |  |  |
|  | **Internet Payment or Bank Transfer (EFT)**  for the amount of: | **R** |
|  | Congress 2018 bank details:  Account Name: AMESA  Name of Bank: ABSA  Branch Code: 632005  Branch Name: Wynberg  Account Number: 9271293382  Type of Account: Cheque Account  Reference: Your name or membership number  ***The onus is on you to ensure that we receive the relevant information***  Your proof of payment must accompany this registration form | |
|  |  | |

**Please return this completed** [Registration Form](#reg) **and** [Payment Form](#pay) **and, where necessary, your** [**Membership Form**](#member) **overleaf and send with (proof of) payment:**

***by e-mail to:*** [congress2019@amesa.org.za](mailto:congress20189@amesa.org.za?subject=Congress_registration_form) (*Preferred, then we can copy and paste!)*

***by fax to:*** 086 406 3591 (Only if you *must!*)

***by post to:*** The Congress Secretary

Nombulelo Mandindi

AMESA

P.O. Box 54

2050 WITS

***Your registration is not complete (you are not registered) until we receive your full payment, and your membership is paid.!***

**AMESA MEMBERSHIP APPLICATION/RENEWAL FORM**

*If you are NOT a current paid-up AMESA member, you need to complete this section.*

##### Please complete in full and in capital letters

|  |  |
| --- | --- |
| 1. **Membership no.** (if renewal): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Region (province)**: |  | **Branch** (if known): |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Membership type** (tick): |  | Individual |  | Institutional |  | Associate (student) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Field of interest** (tick): |  | Primary |  | Secondary |  | Tertiary |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. ***For Individual and Associate (student) members only:*** | | | | | |
| Surname: | | First name: | | | Title: |
|  | |  | | |  |
| Your Postal address: | | | | | |
|  | | | | | |
| Postal code: | | | | | |
|  | | | | | |
| Your Telephone: | Fax: | | Cell: | E-mail: | |
|  |  | |  |  | |
| Name of your institution: | | | | | |
|  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. ***For Institutional members only:*** | | | |
| Designation of person to whom correspondence should be addressed (e.g. HOD Mathematics/Librarian): | | | |
|  | | | |
| Name of institution: | | | |
|  | | | |
| Postal address: | | | |
|  | | | |
| Postal code: | | | |
|  | | | |
| Telephone: | Fax: | Cell: | E-mail: |
|  |  |  |  |

|  |
| --- |
| 1. ***For student (associate) members only:*** I hereby declare that I am a full-time, pre-service student at the following institution: |
|  |

*To qualify as a student member, you must include proof of registration at the tertiary institution.*

|  |  |
| --- | --- |
| 1. **Membership subscription fee:** | |
| ***Tick one, and then include the amount in the*** [***membership section on the first page***](#ship) | |
|  | South Africa, Individual: **R150** |
|  | South Africa, Institutional: **R450** |
|  | South Africa, Associate (only full time **pre-service** student at a Tertiary Institution): **R50** |
|  | South Africa, Life Membership (only individuals): **R3500** |
|  | Other African countries, individual: **R210** |
|  | Non-African countries, individual: **USD80** |

***Note: You may pre-pay your membership subscription at the current rate for up to three years.***