

CONGRESS 2014 REGISTRATION FORM

You can download an electronic registration form at: <http://www.amesa.org.za/AMESA2014/index.htm>

CONTACT DETAILS (please print)

Title:	First Name:	Surname:
Postal Address:		
Postal Code:		Province:
Institution:		Your E-mail Address:
Tel:	Fax:	Cell:

Are you a current paid-up AMESA member? Yes No

If Yes, please provide your membership number:

If No, please complete the membership form and include the membership fee here:

R

REGISTRATION FEE

Early Registration: R900 (by 30 April)	R					
Normal Registration: R950 (1 May to 31 May)	R					
Late Registration: R1 300 (after 31 May)	R					
Day Visitors @ R300/person/day	R					
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Mon</td> <td style="width: 15%;">Tues</td> <td style="width: 15%;">Wed</td> <td style="width: 15%;">Thurs</td> <td style="width: 15%;">Fri</td> </tr> </table>	Mon	Tues	Wed	Thurs	Fri	R
Mon	Tues	Wed	Thurs	Fri		
Congress materials will be available for day visitors at an additional cost of R350, provided registration is received by 10 June	R					

HOSTEL ACCOMMODATION including breakfast (please mark with an X)

Single @ R225/person/night	6 July	7 July	8 July	9 July	10 July	R
Sharing @ R200/person/night	6 July	7 July	8 July	9 July	10 July	
Roommate's name:						

EVENING FUNCTIONS

Tuesday 8 July: Cultural evening (R120)	R
Thursday 10 July: Gala dinner (R350)	R

EXCURSIONS (choose one and mark with an X)

1. Big Hole (R270)	2. Township Tour (R200)	3. Art Gallery/museum (R200)	4. Marrick Safari (R300)	5. Felidae Centre (R 250)	R
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MEMORABILIA (Please mark with and X)

Jacket (R360) <i>Please mark required size with X</i>	Golf shirt (R180) <i>Please mark required size with X</i>	Scarf (R50)	Cap (R70)	R														
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>S</td><td>M</td><td>L</td><td>XL</td><td>2XL</td><td>3XL</td><td>4XL</td> </tr> </table>	S	M	L	XL	2XL	3XL	4XL	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>S</td><td>M</td><td>L</td><td>XL</td><td>2XL</td><td>3XL</td><td>4XL</td> </tr> </table>	S	M	L	XL	2XL	3XL	4XL	1 size	1 size	
S	M	L	XL	2XL	3XL	4XL												
S	M	L	XL	2XL	3XL	4XL												

TRANSPORT only to/from Diamantveld (please mark with an X)

I would like to book transport to and/or from:	Kimberley Airport (R75 one way)	Kimberley bus terminus (R50 one way)	Kimberley train station (R50 one way)	R		
Arrival: preferred transport time	Sunday 6 July		Monday 7 July			
	10:00	14:00	18:00		20:00	08:00
Departure: preferred transport time	Friday 11 July				R	
	10:00	13:30		15:30		

TOTAL AMOUNT OWING: R

DIETARY REQUIREMENTS (please mark with an X, if any)

Vegetarian	Halaal	Diabetic
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PRE-CONGRESS WORKSHOPS (please mark with an X)

I will attend a pre-congress workshop No Yes, I will attend Workshop no:

1	2	3	4
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PAYMENT FORM

Please complete your Registration Form (page 15), your Payment Form (page 17) and, where necessary, your Membership Application/Renewal Form (page 19) and send them with proof of payment to the AMESA Congress Secretariat:

by fax to: 086 402 1228 (*only if you are not paying by cheque*)

by e-mail to: congress2014@amesa.org.za (*only if you can attach the necessary forms*)

by post to: The Congress Secretary
Nombulelo Mandindi
AMESA
P.O. Box 54
WITS
2050

PAYMENT METHOD (please tick one)

Internet payment or bank transfer:

Banking details of Congress 2014

Account Name: AMESA
Name of Bank: ABSA
Branch Code: 632005
Branch Name: Wynberg
Account Number: 9271293382
Type of Account: Cheque Account

Clearly enter your name and/or membership number in the reference section
The onus is on you to ensure that we receive the relevant information

Cheque or postal order made out to AMESA

Credit card:

Please debit my **credit card** account (Visa and MasterCard only) with R _____

Card number:

CVV Number: (*last three numbers on the back of your credit card*)

Tick your method of payment: Straight: Budget: 6 months 12 months

Name on card: _____ Expiry date: _____

Signature: _____ Date: _____

Note: Your registration is not complete until we receive your full payment

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): _____
2. **Province:** _____ **Branch:** _____ (if known)
3. **Membership type:** Individual Institutional Associate (e.g. full-time student)
4. **Field of interest:** Primary Secondary Tertiary

5. *For Individual and Associate members only:*

Surname: _____ **First name:** _____ **Title:** _____

Postal address: _____ **Postal code:** _____

Tel. no: _____ **Fax:** _____ **E-mail:** _____

6. *For Institutional members only:*

Designation of person to whom correspondence should be addressed

(e.g. The HOD Mathematics / Librarian): _____

Name of institution: _____

Postal address: _____

_____ **Postal code:** _____

Tel. no: _____ **Fax:** _____ **E-mail:** _____

7. *For student (associate) members only:*

I hereby declare that I am a full-time, pre-service student at the following tertiary institution:

_____ **Signature:** _____

Please include proof of registration at tertiary institution with your application.

8. **Membership subscription fee:**

Mark one, and then include the amount in the membership section and total

- South Africa, **Individual: R120**
- South Africa, **Institutional: R340**
- South Africa, Associate (**Full-time student at a tertiary institution**): **R30**
- South Africa, **Life membership: R3000**
- Other African countries**, Individual: **ZAR 150**
- Non-African countries**, Individual: **USD 65**