

CONGRESS 2015 REGISTRATION FORM

*Please rather download the electronic registration form at <http://www.amesa.org.za/AMESA2015/>
Then you can type in Word and e-mail it to us and we can copy and paste to minimise errors*

CONTACT DETAILS (please print)

Title:	First Name:	Surname:
Postal Address:		
Postal Code:	Province:	
Institution:	Your e-mail address (our preferred mode!):	
Cell:	Tel:	Fax:

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

If Yes, please provide your membership number for us to check:

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

REGISTRATION FEE

Early Registration: R900 (by 30 April)	R					
Normal Registration: R950 (1 May to 26 May)	R					
Late Registration: R1 300 (after 26 May)	R					
Day Visitors @ R300/person/day	R					
<table style="display: inline-table; border: none;"> <tr> <td style="border: none;">Mon</td> <td style="border: none;">Tues</td> <td style="border: none;">Wed</td> <td style="border: none;">Thurs</td> <td style="border: none;">Fri</td> </tr> </table>	Mon	Tues	Wed	Thurs	Fri	R
Mon	Tues	Wed	Thurs	Fri		
Congress materials for day visitors can be pre-ordered only until 10 June at R360	R					

HOSTEL ACCOMMODATION including breakfast (please mark with an X)

Single @ R350/person/night	28 June	29 June	30 June	1 July	2 July	R
Sharing @ R350/person/night	28 June	29 June	30 June	1 July	2 July	
Roommate's name:						

EVENING FUNCTIONS

Tuesday 30 July: Cultural evening (R200)	R
Thursday 2 July: Gala dinner (R360)	R

EXCURSIONS (choose *only one* and mark with an X)

1. ZCC (Star & Dove) (R260)	2. Polokwane Nature Reserve (R280)	3. Mothapo Chief's Kraal (R280)	R
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MEMORABILIA (mark with Xes) **Note: paid order must be received by 10 June**

Bomber Jacket (R360) <small>Please mark required size with X</small>	Golf shirt (R200) <small>Please mark required size with X</small>	Scarf (R80)	Cap (R80)	R													
<table style="display: inline-table; border: none;"> <tr> <td style="border: none;">S</td> <td style="border: none;">M</td> <td style="border: none;">L</td> <td style="border: none;">XL</td> <td style="border: none;">2XL</td> <td style="border: none;">3XL</td> <td style="border: none;">4XL</td> </tr> </table>	S	M	L		XL	2XL	3XL	4XL	<table style="display: inline-table; border: none;"> <tr> <td style="border: none;">S</td> <td style="border: none;">M</td> <td style="border: none;">L</td> <td style="border: none;">XL</td> <td style="border: none;">2XL</td> <td style="border: none;">3XL</td> <td style="border: none;">4XL</td> </tr> </table>	S	M	L	XL	2XL	3XL	4XL	1 size
S	M	L	XL	2XL	3XL	4XL											
S	M	L	XL	2XL	3XL	4XL											

TRANSPORT to/from University of Limpopo only (please mark with an X)

I would like to book transport to and/or from:	Polokwane Airport (R50 one way)	Polokwane bus terminus (R50 one way)	Polokwane train station (R50 one way)
Arrival: preferred transport time	Sunday 28 June		
	13:00	15:30	18:40
Departure: preferred transport time	Monday 29 June		
	08:00	10:00	14:00
Departure: preferred transport time	Friday 03 July		
	10:00	11:15	14:00

TOTAL AMOUNT OWING: R

DIETARY REQUIREMENTS (please mark with an X)

None	Vegetarian	Halaal	Diabetic
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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 e-mail to: congress2015@amesa.org.za (Preferred! Remember to attach all the forms)

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

PAYMENT METHOD (please tick one)

Internet payment or bank transfer:

Banking details of Congress 2015

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, and your AMESA 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): _____
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:** _____

Name of institution: _____

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: R130**

South Africa, **Institutional: R360**

South Africa, Associate (**Full-time pre-service student at a tertiary institution**): **R40**

South Africa, **Life membership: R3250**

Other African countries, Individual: ZAR 170

Non-African countries, Individual: USD 70