## SAARMSTE 10th ANNUAL CONFERENCE PRELIMINARY REGISTRATION FORM

(Return before 31 July 2001)

If you are attending SAARMSTE Conference 2002, then please complete this form and return it by **31 July 2001.** 

Surname:	•••••	Title :
First Name :		
Institution/Organisation:		
Postal Address:		
Telephone : (W)(H)	• • • • • • • • • • • • • • • • • • • •	
Fax:Cell:		
E-mail.		
Participation: (Please tick ☑ where appropriate)		
I intend giving a presentation	$\square$ YES	$\square_{ m NO}$
I would like to be a SAARMSTE paper reviewer	☐ YES	$\square_{ m NO}$
I would like to be a SAARMSTE abstract reviewer	☐ YES	$\square_{ m NO}$
I would like to chair a session	☐ YES	$\square_{ m NO}$
University Accommodation:		
I would like to reserve accommodation in a University Residence (Please note that only the University accommodation will be reserved on your behalf. You will have to make any other reservations directly with the hotel of your choice. Please see attached Hotel Booking Form.)	☐ YES	$\square_{\text{NO}}$
Transport		
I would like to make use of the congress transport from the hotels to the University of Natal on a daily basis and am prepared to pay extra	☐ YES	$\square$ NO

Return this form by 31 July 2001 either by post, fax or e-mail to InterAction Conferencing at the appropriate addresses given on the previous page

## ATTENDEE HOTEL AND UND RESIDENCE RESERVATION FORM & DETAILS SAARMSTE CONFERENCE: 22-26 JANUARY 2002

Please complete this booking form and fax or post it DIRECTLY to the hotel you have chosen. Please note that reservations are made on a first come first served basis and that bookings will not be confirmed by the hotels without a one nights deposit or credit card number.

Name:	·	Surname:												
Postal Addre														
Postal Code:							Cou	ntry:						
Tel:(	)					Fax	(	)				 		
E-Mai	1:											 		
Arrival Date : Departure Date														
Room (Please Tick) Single Double														
Credit Card Type (Please tick) VISA / MASTERCARD / DINERS / AMERICAN EXPRESS														
Card Number														
Expiry	Date		_/	Si	gnature		•			_ Print	Name_	•	•	_
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Please tick the hotel in which you wish to stay and mail or fax **DIRECTLY** to the hotel.

## **HOTELS AT A GLANCE**

Hotel Name	Telephone	Fax	Reference Number
□Balmoral Hotel	+27(31) 3685940	+27(31) 3685955	# 4860
□Blue Waters Hotel	+27(31) 3324272	+27(31) 3375817	4833
□City Lodge	+27(31) 3321447	+27(31) 3321483	#2306
□Edward Hotel	+27(31) 3373681	+27(31) 3321692	4677
□ Hilton Hotel	+27(31) 3368100	+27(31) 3368200	Tba
□ Holiday Inn Durban (Elangeni)	+27(31) 3371321	+27(31) 3325527	2139.03
☐ Marine Parade Holiday Inn Garden Court	+27(31) 3373341	+27(31) 3375929	783.38
□ North Beach Holiday Inn Garden Court	+27(31) 3327361	+27(31) 3374058	2227.13
□ Protea Seaboard	+27(31) 3372601	+27(31) 3372600	N/A
□Royal Hotel	+27(31) 3336000	+27(31) 3075247	# 4956
☐ South Beach Holiday Inn Garden Court	+27(31) 3372231	+27(31) 3374640	621.01
☐ University of Natal Residences	+27(31) 2601607	+27(31) 2601606	Saarmste