

REGISTRATION FORM: ICON CONFERENCE 2018

17 – 19 August 2018 – Century City Conference Centre, Cape Town, South Africa

- COMPLETE** clearly in BLOCK LETTERS - as detailed as possible please
- E-MAIL / FAX** Registration Form, as well as proof of payment to info@rkcommunication.co.za / + 27 (0) 86 60 60 555

You can also register ONLINE at
www.icon2018.co.za

- Ensure that you receive a confirmation by e-mail from the organisers **within 10 working days**.
- Important request to companies sponsoring delegates:**
Kindly let us have the delegate's **personal** postal address and other contact information.

Please tick one:		Radiation Oncologist	Medical Oncologist	Clinical Oncologist	Paediatric Oncologist		
Gynaecological Oncologist	Haematologist	Registrar	Radiotherapist	MO	Medical Physicist	Nurse	Social Worker
Pharmacist	GP	Admin staff	Fund administrator	Trade	Other (specify):		

PERSONAL DETAILS

Surname							First name			
Initials		Title	Prof	Dr	Mr	Mrs	Ms	HPCSA No.		
Preferred badge name of delegate										
Company / Institution							VAT No.			
Postal address										
Province			City			Country			Postal code	
Business telephone						Business fax				
E-mail address							Mobile no.			
Special dietary requirements		Vegetarian				Halaal				

ACCOMMODATION: You are responsible for your own accommodation arrangements. (PAGE 10)

Hotel?	Century City Hotel	Colosseum Luxury Hotel	Crystal Towers	Stay Easy Century City Hotel
Other hotel / guest house / lodge (Please specify):				

TRAVEL ARRANGEMENTS (Please refer to PAGE 10 of the Final Invitation)

A shuttle service will be provided, FOR TIMES SPECIFIED BELOW ONLY:					YES	NO
Return fare: R300 per person, One way: R150 per person						
If the times below do not suit your needs, we would like to recommend that you make use of a private shuttle or Uber.						
ARRIVAL	Flight no		17 Aug	Arrival time		
DEPARTURE	Flight no		19 Aug	Departure time		

Shuttles from Cape Town International Airport to Century City Conference Centre

Fr, 17 Aug	08:00	09:00	10:00	
-------------------	-------	-------	-------	--

Shuttle from Century City Conference Centre to Cape Town International Airport

Su, 19 Aug	13:00	
-------------------	-------	--

Enquiries: Clayton Meise & Amelia Koch

Tel: +27 (0) 51 436 7733 / +27 (0) 83 265 0 265

E-mail: info@rkcommunication.co.za

Fax: +27 (0) 86 60 60 555

NAME: _____ Responsible for payment: _____

REGISTRATION FEES Please refer to fee entitlements		EARLY BIRD Register AND pay UNTIL 31 May 2018		STANDARD FEE Register AND pay FROM 1 June 2018		LATE FEE Register AND pay FROM 30 July 2018	
NO VAT PAYABLE		Entire duration	Specific days	Entire duration	Specific days	Entire duration	Specific days
SPEAKER		R0	R0	R0	R0	R0	R0
MEMBER of ICON (Includes all employees of ICON practices):							
ICON Member & ICON Admin Staff		R 1 500	R 750 / day	R 1 750	R 950 / day	R 2 000	R 1 150 / day
NON-MEMBER of ICON in private sector:							
Oncologist / Physicist / Oncology Social Worker (Psychosocial) / Pharmacist / Radio Therapist / Scheme & Fund Administrator / Admin Staff / Chemotherapy Sister		R 3 200	R 1 000 / day	R 3 500	R 1 200 / day	R 4 000	R 1 400 / day
Delegate in FULL-TIME government employment (without involvement in private practice):							
State Consultant / Registrar / Medical Officer / Physicist / Oncology Social Worker (Psychosocial) / Pharmacist, Radio Therapist / Chemotherapy Sister / Admin Staff		R 1 000	R 650 / day	R 1 250	R 850 / day	R 1 500	R 1 000 / day
*TRADE DELEGATES							
Trade Delegate / Exhibitor: Registered representative in the service of a company participating in the trade exhibition		R 3 500	R 1 150 / day	R 3 800	R 1 400 / day	R 4 200	R 1 700 / day
* Please note that ONLY trade delegates / representatives in the service of companies participating in the Trade Exhibition OR involved as sponsors will be allowed to attend the conference.							
SOCIAL FUNCTIONS (ALL social functions are free of charge for delegates registered for the entire academic conference.) (Please refer to page 11 of the Final Invitation) PLEASE indicate the numbers attending:							
Meet & Greet (Friday, 17 Aug)	Delegate	↓	Additional unregistered guests: ____ (Number) X R 250				
Dinner (Saturday, 18 Aug)	Delegate		Additional unregistered guests: ____ (Number) X R 350				
METHOD OF PAYMENT	Direct bank deposit / transfer			Credit card		TOTAL	R
Electronic Funds Transfer (Please DO NOT mail cheques) Nedbank Branch code: 198 765 Account no: 115 1350 214 Swift code: NEDSZAJJ (for international transfers) Account name: Isimo Educational Fund Reference: Your name & surname as it appears on the registration form.						Please ensure that you receive a confirmation by e-mail from the organisers within 10 working days.	
PLEASE CHARGE THE TOTAL DUE FOR THE ICON CONFERENCE 2018 TO THE FOLLOWING CREDIT CARD:							
Name of card holder:							
Type of card	Visa	MasterCard	Diners or American Express Cards NOT ACCEPTED				
Card number							
Expiry date			Amount:	R			
Last 3 digits on back of card			Signature of card holder:				