

31st Annual Conference of the

South African Society for Atmospheric Sciences (SASAS) 2015

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REGISTRATION FORM

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Please complete the form and return to: [sasocatmsci@gmail.com](mailto:sasocatmsci@gmail.com)

Early registration:

Submit registration form by 1 June 2015

(Fees: R1500 (members) R1300 (students) Payment due 31 July)

Late registration:

Submit registration before 15 July 2015

(note: *additional fees apply R1700*)

Title: Mr / Ms / Dr / Prof

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Contact details:

Cell nr:

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Email:

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Please select **all** the applicable options below:

|  |  |
| --- | --- |
|  | I will attend SASAS 2015 |
|  | I am a member of SASAS |
|  | I will submit an abstract to present a paper (extended abstract) (*Submission date: 15 July*) |
|  | I will submit an abstract to present a poster (*Submission date: 15 July)* |
|  | I am a student  University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Degree enrolled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | I will need accommodation at LaWiida Lodge (*bookings must be made by contacting the lodge directly*) |
|  | I will fly in to O.R Tambo International |
|  | I will fly in to Lanseria airport |
|  | I will use my own transport to the venue |
|  | I will attend the gala function on 21 September 2015 |

Please indicate dietary requirements:

|  |  |
| --- | --- |
|  | No Specific Requirements |
|  | Vegetarian |
|  | Vegan |
|  | Halaal |
|  | Diabetic |
|  | Allergies: (Specify) |

Who will be responsible to paying your conference fees? Self / My employer / University / Sponsor

*NOTE: You will be held responsible for making arrangements to pay the conference fee*.

Please supply the following information w.r.t who the invoice should be made out to:

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_