

Ms Yanga Terresa Futshane

HEDSA: Secretary

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*Accepted as a community of practice by Higher Education South Africa (HESA) NPO no. 078-484*

REGISTRATION FORM

3rd HEDSA Symposium and Biennial General Meeting - 3 & 4 October 2014

STIAS – Stellenbosch Institute for Advanced Research, Marais Road, Stellenbosch

Please complete and return before 30 August 2014 to Yanga Terresa Futshane at:

EMAIL: Futshane@ukzn.ac.za (should you need reasonable accommodation, you are kindly requested to speedily return the form preferably before the deadline. Remember the early bird discount ends 30 June 2014)

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| **REGISTRATION DETAILS** |
| Title: | Prof | Dr x | Mr | Mrs | Ms |
| Surname: | MJI |
| First Name: | GUBELA |
| Organisation/University: | CENTRE FOR REHABILITATION STUDIES |
| Contact person in Finance department & contact number: | STEFAN ENGELBRECHT (021) 9389939  |
| VAT number (for invoice purposes): | 492 011 8959 |
| Postal address: | P O BOX 19063 |
| City & Postal Code: | TYGER BERG 7505 |
| Country:  | S.A |
| Telephone number (office): | 021 938 9528 |
| Fax. No.: | 021 938 9740 |
| Cell. No.: | 078 199 055 |
| Email address: | GUMJI@SUN.AC.ZA |
| **SYMPOSIUM FEES**(place a tick in the applicable block) |
| Symposium Fee: Delegates (early bird discounted fee) (On/Before 30 June 2014) | R 1150.00 |  |
| Symposium Fee: Delegates (after 30 June 2014) | R1300.00 |  |
| Symposium Fee: Full Time Students | R 800.00 |  |
| Conference Gala Dinner  |  R 250.00 |  |
| Total amount paid |  |  |

**PAYMENT DETAILS**

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| **Payment Method**(place a tick in the applicable block) |
|  | Cheque |  | Electronic Funds Transfer |  | Direct Deposit (at Bank) |  |

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| **Banking Details** |
| Bank Name | FNB, Table View Branch |
| Account Number | 62272138994 |
| Branch Code | 203809 |
| Type of Account | Cheque |

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| **Catering Preference** |  | **Reasonable accommodation/s required** |
| Halaal |  |  | Wheelchair accessibility |  |
| Vegetarian |  |  | Braille |  |
| Kosher |  |  | Sign Language interpreter |  |
|  |  |  | FM or other amplification system |  |
| Other: ………………………………….. |  |  | Other: ……………………………….. |  |

Kindly email us a copy of your proof of payment together with your completed registration form to confirm your attendance of the symposium.

Signature: ……………………………………………… Date:……………..………………………

We look forward to seeing you at the HEDSA Symposium!