**South African Research Association for Early Childhood Education**

**National Conference**

**Early Childhood Education**



***Transforming teacher education in the early years***

**Thursday 10th May 2018 – Friday 11th May 2018**

**Venue: Forever Hotel, Centurion, Gauteng**

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| **REGISTRATION FORM** | | | | | | | | | | |
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| **DELEGATE DETAILS** | | | | | | | | | | |
| **Surname** |  | | | | | | | **Title** |  | |
| **First name** |  | | | **Preferred Name** | | |  | | | |
| **Institution** |  | | | | | | | | | |
| **Postal address** |  | | | | | | | | | |
| **Country** |  | | | | | | | **Postal code** |  | |
| **Telephone** |  | | | | | **Fax** | |  | | |
| **E-mail** |  | | | | | **Cell** | |  | | |
| **DIETARY NEEDS Indicate with X** | **None** |  | **Veg.** | |  | **Halaal** | |  | **Other** |  |
|

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| **CONFERENCE REGISTRATION - Indicate with an X** |
| **(Registration fee includes: conference programme and abstracts, teas/coffees, lunches including cocktail party)** |

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| **Please choose one of the options below** | | **Amount** | **Student number if paying student rate.** |
| **Registration Options** | HEI Full Registration Fee (2 days) | R3 500 |  |
| Student / Practitioners’ Fee (2 days) | R1 500 |  |
| NGO/TVET fee (2 days) | R2500 |  |

Signed by Date \_\_\_

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| **PAYMENT OPTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  |  |  |  |  |  | |  |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |
| **1. BANK TRANSFER PAYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank name: **First National Bank** | | | Acc. name: **Rhodes University** | | | | | | | | | | | | | | | | | | | | | | | |
| Account Number: **6214 5503 076** | | | Branch Code: **210-717** | | | | | | | | | | | | | | | | | | | | | | | |
| Please cite **reference** as follows: ***SARAECE Conf + Your surname***  **Send Payment Confirmation to: Natalie.Stokes@ru.ac.za** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| INVOICE - Please complete below if invoice is required | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Surname** |  | | | | | | | | | | | | | | **Title** | | | |  | | | | | | |  |
| **First name** |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Organisation** |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Postal address** |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Country** |  | | | | | | | | | | | | | | **Postal code** | | | | | |  | | | | |  |
| **Telephone** |  | | | | | | | | | **Fax** | | | | |  | | | | | | | | | | |  |
| **E-mail** |  | | | | | | | | | **Cell** | | | | |  | | | | | | | | | | |  |
| **VAT Number** |  | | | | | | | | | | | | | | | | | | | | | | | | |  |

**Please submit completed form to Natalie.Stokes@ru.ac.za**