**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**  |
|  |
| **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**