



SAICSIT 2010 LATE REGISTRATION
Early Registration (Up to 20 September 2010)

Your contact details

| | |
|------------------------------------|--|
| Title, Name and Surname | |
| Name to Appear on Conference Badge | |
| Affiliation | |
| Postal Address: | |
| | |
| | |
| | |
| | |
| E-mail address | |
| Cell Phone Number | |
| Fax Number | |

Paper Detail (for Authors of Accepted Papers)

(Please mark your selections with an X in the appropriate box)

Are you the author of an accepted paper at the Conference (Main Conference, Postgraduate Symposium, or Warfare Workshop)
 If yes, please provide the following

| | |
|----------------------------------|---------------------------------|
| Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
|----------------------------------|---------------------------------|

Paper Number and Title of Paper
 Will you be the presenter of the paper at the conference

| | |
|----------------------------------|---------------------------------|
| | |
| Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |

Conference Options

(Please mark your selections with an X in the appropriate box)

Student Status

| | | |
|--|----------------------------------|---------------------------------|
| Are you a registered student? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| If yes, indicate University and Qualification you are registered for | | |
| Student Number | | |

Event Selection

Basic Fee

Please Enter Applicable Amount

| Event Selection | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] | Basic Fee | Please Enter Applicable Amount |
|---|----------------------------------|---------------------------------|------------|--------------------------------|
| SAICSIT 2010 Main Conference 12 - 13 October 2010 | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] | R 2 800.00 | |
| Postgraduate Symposium (11 October Full Day) Students presenting at the symposium | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] | R 0.00 | |
| Postgraduate Symposium (11 October Full Day) Supervisors of students presenting their work | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] | R 1 100.00 | |

| | | | | |
|--|----------------|------------|--|--|
| Warfare Workshop (11 October Full Day) | Yes [] No [] | R 900.00 | | |
| Grid Tutorial (11 October Full Day) | Yes [] No [] | R 1 100.00 | | |
| Grid Tutorial (11 October Morning only) | Yes [] No [] | R 1 000.00 | | |
| Grid Tutorial (11 October Afternoon Only) | Yes [] No [] | R 1 000.00 | | |
| Enterprise Engineering Workshop (Prof Jan Dietz) Morning of 11 October 2010 | Yes [] No [] | R 1 000.00 | | |
| User Experience Workshop Afternoon of 11 October 2010 | Yes [] No [] | R 1 000.00 | | |
| Both Enterprise Engineering Workshop and User Experience Workshop | Yes [] No [] | R 1 100.00 | | |
| Enterprise Architecture Knowledge Development Workshop (11 October Full Day). Include Enterprise Engineering | Yes [] No [] | R 1 100.00 | | |

**Social Event Selection for Delegates Registering for the SAICSIT 2010 Conference
(included in your conference fee)**

Cost per Delegate

| | | | | |
|---|----------------|--------|--|--------|
| Conference Reception (as SAICSIT 2010 Main Conference Delegate) - please indicate whether you are will be attending or not. | Yes [] No [] | R 0.00 | | R 0.00 |
| Conference Dinner (as SAICSIT 2010 Main Conference Delegate) - please indicate whether you are will be attending or not. | Yes [] No [] | R 0.00 | | R 0.00 |

**Social Event Selection for Delegates not Registering for the SAICSIT 2010
Main Conference or Accompanying Guests (additional fee)**

**Number of
Tickets
Required**

Cost per Person

Amount

| | | | | |
|----------------------|--|----------|--|--------|
| Conference Reception | | R 350.00 | | R 0.00 |
| Conference Dinner | | R 575.00 | | R 0.00 |

Meal Options

Food preference

| | |
|------------|-----|
| None | [] |
| Vegetarian | [] |

Breakfast Tickets

For delegates staying in the chalets not wishing to prepare their own breakfast.
(Breakfast are included for reservations at the hotel)

**Number of
Tickets
Required**

Cost per Person

Amount

| | | | | |
|---------------------------|--|-------|--|--------|
| Monday 11 October 2010 | | 95.00 | | R 0.00 |
| Tuesday 12 October 2010 | | 95.00 | | R 0.00 |
| Wednesday 13 October 2010 | | 95.00 | | R 0.00 |
| Thursday 14 October 2010 | | 95.00 | | R 0.00 |

TOTAL COST OF REGISTRATION

R 0.00

Please fax /email the completed form to:
Paula Kotze
E-mail address: saicsit2010@gmail.com
Fax number (national): 086 666 8013
Fax number (international): +27 12 841 4720

PLEASE NOTE: You will receive proof of your registration and an invoice within 1 week of receipt of your form. If you do not receive confirmation within this period please send a query to the e-mail address indicated above.

Payment Options

Payment must be made by means of electronic funds transfer or direct deposit. No credit card options are available.

All payments must reach us no later than 1 September 2010, after which late registration fees will be charged.

Payment to be made into the following bank account:

| | |
|----------------|--|
| Account Name | SA INSTITUTE FOR COMPUTER SCIENTISTS & INFORMATION TECHNOLOGISTS |
| Bank | ABSA |
| Branch | Brooklyn, Pretoria |
| Branch Code | 632005 |
| Account Number | 4053267889 |
| Swift Address | ABSAZAJJ |

Please identify your payment by using the following identification:

2010 <Your first Name> <Your last name>

| | |
|----------------------------------|---|
| Please send Proof of payment to: | E-mail address: saicsit2010@gmail.com Fax number (national): 086 666 8013 Fax number (international): +27 12 841 4720 |
|----------------------------------|---|

Signature:

Date: