

**SASOHN ACADEMIC DAY 2010 - REGISTRATION FORM**



**MANAGING THE OCCUPATIONAL HEALTH SERVICE**

One registration form PER DELEGATE: Please print clearly.

**PERSONAL DETAILS**

NAME		SURNAME	
POSTAL ADDRESS			
TEL		CELL	FAX
EMAIL			
IDENTITY NUMBER	N.B SANC/HPCSA NO		

**INVOICE DETAILS**

COMPANY NAME			
VAT No. OF COMPANY			
POSTAL ADDRESS			
TEL		FAX	
NAME OF PERSON RESPONSIBLE FOR PAYMENT			
TEL		FAX	
Invoice to be posted		Fax	E- mail

**PLEASE NOTE SASOHN IS NOT A REGISTERED VAT VENDOR**

DATE	VENUE	INDICATE VENUE	COST	TOTAL
13th May	EMPERORS PALACE - BOKSBURG		<b>R 950</b>	
19th May	ELANGENI HOTEL - DURBAN			
26th May	RADISSON HOTEL - PORT ELIZABETH			

**MAP TO VENUE AVAILABLE ON REQUEST**

**DIETARY REQUIREMENTS. PLEASE TICK APPROPRIATE BOX**

Vegetarian	<input type="checkbox"/>	Kosher	<input type="checkbox"/>	Halaal	<input type="checkbox"/>	Normal	<input type="checkbox"/>
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**BANKING DETAILS:**

BANK: NEDBANK ACCOUNT NUMBER: 1037034198  
 ACCOUNT NAME: SASOHN BRANCH: DURBANVILLE  
 BRANCH CODE: 10371000

**Proof of payment MUST be faxed with invoice to 011 892 5355.**

All queries to: Linda Stokes. Phone No. 011 892 3174 (Monday - Friday 08h00 - 14h00)  
**CANCELLATIONS MUST BE MADE 10 DAYS BEFORE WORKSHOP OR FULL PAYMENT WILL BE LEVIED**  
**NO CONFIRMATION WITHOUT PROOF OF PAYMENT**

**FOR OFFICE USE ONLY**

Invoice		Payment Confirmed		Registration No	
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