

GAUTENG CENTRAL WORKSHOP REGISTRATION FORM

17 JULY 2009



LEGAL COMPLIANCE AND THE OCCUPATIONAL HEALTH PRACTITIONER

One registration form PER DELEGATE: Please print clearly.

PERSONAL DETAILS

NAME		SURNAME	
POSTAL ADDRESS			
TEL		CELL	
			FAX
EMAIL			
IDENTITY NUMBER		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	TOTAL COST PER DELIGATE
17 July 2009	EDENVALE COMMUNITY CENTRE CNR OF VAN RIEBEECK STR AND 2ND AVE EDENVALE	R 600

BANKING DETAILS:

BANK:	NEDBANK	ACCOUNT NUMBER:	1903374758
ACCOUNT NAME:	SASOHN GAUTENG CENTRAL	BRANCH:	BENONI
BRANCH CODE:	190-342		

Proof of payment to be faxed with invoice to 011 360 3162

No registrations will be confirmed without proof of payment.

All queries to: Rene Jordaan : Phone No. 011 360 3231 Office Hours or 082 887 6600

CANCELLATIONS MUST BE MADE 10DAYS BEFORE WORKSHOP- OR FULL PAYMENT WILL BE LEVIED

FOR OFFICE USE ONLY

Invoice		Payment Confirmed		Registration No	
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