



THE SOUTH AFRICAN SOCIETY FOR SURGERY OF THE HAND
DIE SUID-AFRIKAANSE VERENIGING VIR HANDCHIRURGIE

49th ANNUAL SASSH CONGRESS

CSIR, Pretoria: 31 AUGUST – 2 SEPTEMBER 2018

COMPANY BOOKING FORM

COMPANY NAME
VAT NO
CONTACT PERSON
FULL POSTAL ADDRESS
POSTAL CODE
TELEPHONE
MOBILE
EMAIL

STAND NO/S REQUIRED	1 st choice	2 nd choice	3 rd choice	4 th choice
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NAME OF STAFF MEMBERS ATTENDING THE COURSE (2 members included in stand fees)

1.....2.....

Additional Staff @ R2000-00 pp for duration of course incl. teas & lunches

1..... 2.....

AMOUNT DUE: Stand fee	R <u>15 000.00</u>
Additional Staff ___ members @ R2000-00 per person	R _____
TOTAL	R _____

BANKING DETAILS

Bank First National Bank
Branch Tygerberg
Branch code 20 14 10
Account name SASSH
Account number 59380019934
Reference

Write your company's name in the reference block

**PLEASE COMPLETE ALL DETAILS AND RETURN TO:
Andi Askew - Events Coordinator**