



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.....

NAME OF STAFF MEMBERS ATTENDING THE PRIZEGIVING DINNER ON Saturday 1st Sept at the CSIR

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

Will your company be staying on for the SAOA Congress?

YES NO

AMOUNT DUE: Stand fee	R <u>15 000.00</u>
Additional Staff ___ members @ R2000-00 per person	R _____
No of staff ___ attending the Congress Dinner @ R350 per person	R _____
TOTAL	R _____

BANKING DETAILS

Bank
Branch
Branch code
Account name
Account number
Reference

First National Bank
Tygerberg
20 14 10
SASSH
59380019934

Write your company's name in the reference block

PLEASE COMPLETE ALL DETAILS AND RETURN TO:
Andi Askew - Events Coordinator sassh@africa.com