



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

48th ANNUAL CONGRESS

Radisson Blu Hotel, Port Elizabeth: 1-3 September 2017

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	
NAME OF STAFF MEMBERS ATTENDING THE COURSE (2 members included in stand fees)					
.....					
Additional Staff @ R2000-00 pp for duration of course incl. teas & lunches					
.....					
Please indicate the number of staff attending the:					
WELCOME COCKTAIL FUNCTION: FRIDAY 1 September 2017	0	1	2	3	4
DINNER: SATURDAY 2 September at R 300 per person	0	1	2	3	4
AMOUNT DUE: Stand fee	R 18 000				R_____
Additional Staff ___ members @ R2000-00 per person					R_____
Saturday Dinner ___ members @ R 250 per person					R_____
	TOTAL				R_____

Accommodation required at the Radisson Blu:							
Single Room Bed & Breakfast	@ R1 595	None	1	2	3	4	5
Bill to be settled directly with the hotel.							

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**