



SASOHN
SOUTH AFRICAN SOCIETY OF
OCCUPATIONAL HEALTH
NURSING PRACTITIONERS

**REGISTRATIONS CLOSE
30 SEP 2017**

**SASOHN CONFERENCE 2017
PURE JOZI PURE JOY
CONFERENCE 1
- 3 NOV 2017 HILTON HOTEL SANDTON**

SASOHN NATIONAL OFFICE

TEL: 0861 727 646

FAX: 0862 638 757

EMAIL: office@sasohn.co.za

Please complete ALL fields. ONE registration form PER delegate.

ID NUMBER		SANC REG NO	
TITLE		SASOHN NO	
SURNAME		SASOHN REGION	
FIRST NAME		WORK NUMBER	
CELL NUMBER		FAX NUMBER	
EMAIL			
POSTAL ADDRESS			
		CODE	
DATE		SIGNATURE	

NB: DELEGATES ARE RESPONSIBLE FOR THEIR OWN TRANSPORT AND ACCOMMODATION

INVOICE DETAILS (SASOHN IS NOT VAT REGISTERED)

COMPANY NAME		COMPANY VAT NO	
POSTAL ADDRESS		ORDER NUMBER	
		CODE	

DETAILS OF PERSON RESPONSIBLE FOR PAYMENT

NAME		WORK NUMBER	
CELL NUMBER		FAX NUMBER	
EMAIL			

EVENT DETAILS (PLEASE PLACE X NEXT TO RELEVANT BOX)

DATE	INDICATE ONE(S) YOU WILL ATTEND	SASOHN MEMBER	X	NON SASOHN MEMBER	X	STUDENT	X
1-3 NOV	FULL PACKAGE FOR ONE INCLUDES COCKTAIL EVENING 1 NOV CONFERENCE DAY 2 NOV GALA DINNER 2 NOV AGM 3 NOV	R3 300.00		R4 000.00		R2 600.00	
2 NOV	DAY PACKAGE FOR ONE INCLUDES CONFERENCE DAY 2 NOV AGM 3 NOV	R2 400.00		R2 850.00		R1 200.00	
3 NOV	AGM	NO CHARGE		R300.00		NO CHARGE	
3 NOV	PARTNER COCKTAIL FUNCTION	R380.00		R380.00		R380.00	
3 NOV	PARTNER GALA DINNER	R480.00		R480.00		R480.00	

GRAND TOTAL

DIETRY REQUIREMENTS

NORMAL		HALAAL		KOSHER		OTHER WILL BE FOR YOUR OWN COST AT R300 PER MEAL
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BANKING DETAILS

ACCOUNT NAME	SASOHN	ACCOUNT NUMBER	1037034198
BRANCH	DURBANVILLE	BANK	NEDBANK
BRANCH CODE	10371000	REFERENCE	INVOICE NUMBER + SURNAME

IMPORTANT INFORMATION

Registrations will be invoiced. If you do not receive an invoice within 7 days please contact the office.
Your payment secures your booking and must be received by 20 October 2017.
Cancellations must be in writing: three (3) weeks prior to event, fee will be refunded; two (2) weeks prior - 50% refundable; one (1) week prior - NON REFUNDABLE
CLOSING DATE FOR REGISTRATION IS 30 SEPTEMBER 2017 OR UNTIL VENUE CAPACITY IS REACHED

SEND QUERIES AND COMPLETED BOOKING FORMS TO

SEE TOP RIGHT HAND CORNER FOR DETAILS

OFFICE USE

INVOICE: _____ PAID: ____ / ____ / _____ HOW PD: B/S POP