



**SASOHN**  
SOUTH AFRICAN SOCIETY OF  
OCCUPATIONAL HEALTH  
NURSING PRACTITIONERS

**REGISTRATIONS CLOSE**  
**30 SEP 2017**

**SASOHN CONFERENCE 2017**  
**PURE JOZI PURE JOY**  
**PRE CONFERENCE WORKSHOP 1**  
NOV 2017 HILTON HOTEL SANDTON

SASOHN NATIONAL OFFICE

TEL: 0861 727 646

FAX: 0862 638 757

EMAIL: [office@sasohn.co.za](mailto: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		NB 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			

PLEASE CHOOSE **ONE (1)** OF THE FOLLOWING TO ATTEND

DATE	INDICATE ONE YOU WILL ATTEND	SASOHN MEMBER	X	NON SASOHN MEMBER	X	STUDENT	
1 NOV	OCCUPATIONAL LUNG DISEASE	R800.00		R1 000.00		R400.00	
	<b>OR</b>						
1 NOV	BACK PAIN AND UPPER LIMB DISORDERS	R800.00		R1 000.00		R400.00	
	<b>OR</b>						
1 NOV	LABOUR LAW	R800.00		R1 000.00		R400.00	

DIETRY REQUIRMENTS

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 invoice is not received 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