

**SASOHN**SOUTH AFRICAN SOCIETY OF
OCCUPATIONAL HEALTH
NURSING PRACTITIONERS
Registered Public Benefit Organisation (Reg no 930624476)**SASOHN**
13th ACADEMIC DAY 2018
REFINING SKILLS FOR THE OHNP IN
THE NEW MILLENNIUM**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 | | PURCAHSE ORDER NO | |
| | | CODE | |

DETAILS OF PERSON RESPONSIBLE FOR PAYMENT

| | | | |
|-------------|--|-------------|--|
| NAME | | WORK NUMBER | |
| CELL NUMBER | | FAX NUMBER | |
| EMAIL | | | |

EVENT DETAILS

| DATE | INDICATE WHICH ONE YOU WILL ATTEND X | SASOHN MEMBER | X | NON SASOHN MEMBER | X | STUDENT WITH PROOF | X | TOTAL |
|--------------------|---|---------------|---|-------------------|---|--------------------|---|-------|
| 10 MAY 2018 | JOHANNESBURG AVIATOR HOTEL | R1 300.00 | | R2 000.00 | | R950.00 | | |
| 24 MAY 2018 | KZN COASTAL PROTEA HOTEL BY MARRIOT KARRIDENE BEACH | R1 300.00 | | R2 000.00 | | R950.00 | | |
| GRAND TOTAL | | | | | | | | |

DIETARY REQUIREMENTS

| | | | | | |
|--------|--|------------|--|---|--|
| NORMAL | | VEGETARIAN | | OTHER: WILL BE FOR YOUR OWN COST AT R400 PER MEAL | |
|--------|--|------------|--|---|--|

BANKING DETAILS

| | | | |
|--------------|-------------|------------|--------------------------|
| ACCOUNT NAME | SASOHN | ACCOUNT NO | 1037034198 |
| BRANCH | DURBANVILLE | BANK | NEDBANK |
| BRANCH CODE | 10371000 | REFERENCE | INVOICE NUMBER + SURNAME |

IMPORTANT INFORMATION

Registrations will be invoiced. If invoice not received within 7 days - contact the office.
Confirmation of booking will be done ONLY when proof of payment is received.
All cancellations in writing two (2) weeks prior to event will be refunded less 25%. Cancellations after the cut off date forfeit the entire amount
Closing date for registration JHB 26.4.2018, KZN 10.5.2018 or until venue capacity reached

SEND QUERIES AND COMPLETED BOOKING FORMS TO office@sasohn.co.za**OFFICE USE**INVOICE: _____ PAID: ____ / ____ / _____ PROOF: B/S POP REMIT