

# PRO-FORMA

**Adcock Ingram Critical Care (Pty)Ltd**

Attention: Leonora,Tainton

Address: Adcock Ingram Critical Care (Pty)Ltd 1 Sabax Road

Tel: 011 494 8213

Email: leonora.tainton@adcock.com

VAT Number: 4830187243

PO Number: 45123

**Pro-Forma Date**

2019-5-4

**Invoice No**

INV-1653-000069

**Workshop Code**

1653

**South Africa Association of  
Pharmacists in Industry**

52 Glenhove Rd

Melrose Estate

2196

**CTD Module 3****Workshop Date:** 2019-05-30**SAAPI Members**

Name	Email	Diet	Total
DEVINA GOVINDER	devina.govinder@adcock.com	None	R2900.00

**Non-Members**

Name	Email	Diet	Total
Roxanne Noble	roxanne.noble@adcock.com	None	R3400.00

**Special Dietary Requirements**

- Halaal R276.00 per person
- Kosher R483.00 per person
- Vegetarian no charge

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**Total: R6,300.00**

**PLEASE NOTE:**In the event of cancellation, notice must be given in writing at least 7 days prior to the date of the training workshop, failing which full registration fees will be due. No refunds can be given for failure to attend without 7days prior notice. Transfer of the registration to a colleague is permitted if written notice is given two days before the workshop.

**Banking Details**

SAAPI

Standard Bank

Arcadia Branch (010845)

Account 013045156

**Email**

info@saapi.org.za

Tel (0)11 442 3615 ext 316

**AS A REFERENCE PLEASE USE "INV-1653-000069"**