

# INVOICE

**Provision Medical Distributors**

Attention: Jana,Tait  
Address: North Block, 183 Arkansas ave  
Tel: 0114313532  
Email: pharmacist@provisionsa.co.za  
VAT Number: 4270160544

**Invoiced Date**  
2019-04-01

**Invoice No**  
INV-1655-000056

**Workshop Code**  
1655

**South Africa Association of  
Pharmacists in Industry**  
52 Glenhove Rd  
Melrose Estate  
2196

**Medical Device Quality Management System Requirements**

**Workshop Date:** 2019-08-22

**Non-Members**

Name	Email	Diet	Total
Jana Tait	pharmacist@provisionsa.co.za	None	R2900.00

**Special Dietary Requirements**

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

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**Total: R3,400.00**

**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-1655-000056"**