

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-1655-000058

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

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-1655-000058"