

INVOICE

KAT Laboratory and Medical (Pty) Ltd

Attention: Lorna,Dodkins

Address: 5 Penelope Avenue, Johannesburg, Gauteng

Tel: 011 472 7300

Email: lorna@katmedical.com

VAT Number: 4720204256

%PONO%

Invoiced Date

2019-4-29

Invoice No

INV-1655-000067

**South Africa Association of
Pharmacists in Industry**

52 Glenhove Rd

Melrose Estate

2196

Non-Members

Name	Email	Diet	Total
Bryan Nicolas	bryan@katmedical.com	None	R3400.00

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-1655-000067"