

# INVOICE

**Abbvie (Pty) Ltd**

Attention: Violet, Lecwidi  
Address: 219 Golf Cub Terrace, Abbott Place, Constantia Kloof  
Tel: 011 831 3200  
Email: violet.lecwidi@abbvie.com  
VAT Number: 4180261192  
PO Number: PO1

**Invoiced Date**  
2019-04-23

**Invoice No**  
INV-1655-000065

**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

**SAAPI Members**

Name	Email	Diet	Total
Mrs Roshni Gosai	roshni.gosai@abbvie.com	Vegetarian	R2900.00

**Special Dietary Requirements**

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

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**Total: R2,900.00**

**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 7 days 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-1655-000065"**