

PRO-FORMA

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

Pro-Forma Date
2019-04-23

Invoice No
INV-1655-000064

Workshop Code
1655

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

Medical Device Quality Management System Requirements

Workshop Date: 2019-06-27

SAAPI Members

Name	Email	Diet	Total
Aarti Ranchod	aarti.ranchod@abbvie.com	Vegetarian	R2900.00

Non-Members

Name	Email	Diet	Total
Jane Whiteside	jane.whiteside@abbvie.com	Kosher (R483)	R3883.00

Special Dietary Requirements

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

Total: R6,783.00

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-1655-000064"