

INVOICE

SAAPI

Attention: Tammy,Maitland-Stuart
Address: 8 Ruth Avenue
Tel: 0114536119
Email: tammymaitlandstuart@vodamail.co.za
VAT Number: VAT123

Invoiced Date
2019-03-26

Invoice No
INV-1658-000054

Workshop Code
1658

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

Biologics

Workshop Date: 2019-07-31/2019-8-01

SAAPI Members

Name	Email	Diet	Total
Faryal Khan-Flear	faryal@afriat.co.za	Vegetarian	R5800.00
Seike February	seikeg@bioclones.co.za	None	R5800.00

Special Dietary Requirements

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

Total: R11,600.00

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-1658-000054"