



Association for Peri-operative Practitioners in South Africa

# Guidelines

## ORDER FORM



FIRST NAME: ..... SURNAME: .....

PHYSICAL ADDRESS: .....

..... CODE: .....

APPSA MEMBERSHIP NO. .... MOBILE: .....

GUIDELINE	QTY	TOTAL
BASIC PERI-OPERATIVE R 250-00		
ENDOSCOPIC R 250-00		
ANAESTHETICS R 250-00		
OPHTHALMOLOGY R 150-00		
ORTHOPAEDICS R 150-00		
EAR, NOSE & THROAT R 150-00		
NURSING MANAGEMENT R 150-00		
DECONTAMINATION, DISINFECTION AND STERILIZATION PRACTICES R 300-00		
<b>POSTAGE: (Please include)</b> ONE (1) TO FIVE (5) ITEM R100-00 OVER FIVE (5) ITEMS R200-00		
<b>TOTAL DUE</b>		

**SEND ORDERS TO:**

EMAIL: carma@gonet.co.za

**BANKING DETAILS:**

ACCOUNT NAME: SA THEATRE NURSE  
 BANK: ABSA BANK  
 BRANCH CODE: 632005  
 ACCOUNT NO. 4040952627

**PLEASE NOTE:**

*Orders will only be processed after proof of payment has been supplied.*

Please email or fax the deposit slip stating the invoice number to the following:  
 Email: congress@internext.co.za or Fax: 086 275 2869