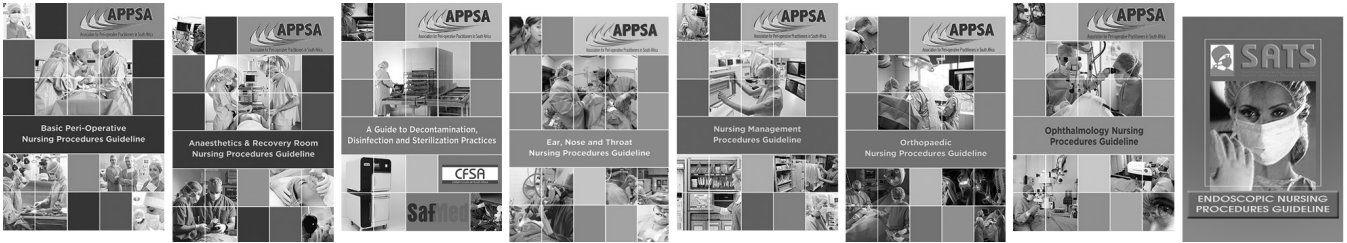




Association for Peri-operative Practitioners in South Africa

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		
ORTHOAEDICS R 150-00		
EAR, NOSE & THROAT R 150-00		
NURSING MANAGEMENT R 150-00		
DECONTAMINATION, DISINFECTION AND STERILIZATION PRACTICES R 300-00		
POSTAGE: (Please include) ONE (1) TO TWO (2) ITEMS R100-00 OVER TWO (2) ITEMS R200-00		
TOTAL DUE		

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