



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 300-00 | Updated | |
| ENDOSCOPIC R 250-00 | | |
| ANAESTHETICS R 300-00 | Updated | |
| OPHTHALMOLOGY R 150-00 | | |
| ORTHOPAEDICS R 200-00 | Updated | |
| EAR, NOSE & THROAT R 150-00 | | |
| NURSING MANAGEMENT R 200-00 | Updated | |
| DECONTAMINATION, DISINFECTION AND STERILIZATION PRACTICES R 350-00 | Updated | |
| ECONOMY POSTAGE: (Please include) ONE (1) TO TWO (2) ITEMS R150-00 OVER TWO (2) ITEMS R250-00 | Allow 3-5 days for delivery | |
| TOTAL DUE | | |

**SEND ORDERS, AND TO REQUEST AN INVOICE
PLEASE EMAIL TO: congress@internext.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 the deposit slip stating the invoice number or name to the following:
Email: congress@internext.co.za