



# Absolute Beauty Congress

CAPE TOWN

4 & 5 AUGUST 2018 – CENTURY CITY CONFERENCE CENTRE

## DELEGATE BOOKING FORM

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

VAT NO. \_\_\_\_\_

DO YOU REQUIRE A TAX INVOICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SAAHSP MEMBERSHIP NUMBER: \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BANKING DETAILS:

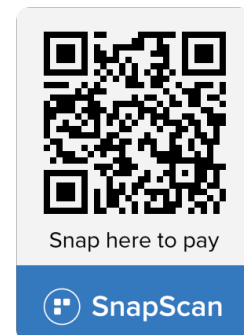
SAAHSP

FNB Cresta

51440975783

Branch: 254905

Ref: Your Name - AB Congress



Please send proof of payment to [melissaw@camelothhealth.co.za](mailto:melissaw@camelothhealth.co.za)

For more information contact Lesil Harvey, (082) 333-4000 or [lesilharvey1967@gmail.com](mailto:lesilharvey1967@gmail.com)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date