



# DENTAL & ORAL HEALTH CONGRESS AND EXHIBITION

**30 AUG - 1 SEPT 2024**

SUN ARENA,  
TIME SQUARE, PRETORIA

## PRACTICE GROUP BOOKING FORM

Please complete the details of each oral health care practitioner who will be attending the 2024 SADA Dental & Oral Health Congress and Exhibition and submit your completed form to Marilize Janse van Rensburg to [pr@sada.co.za](mailto:pr@sada.co.za) for further processing.

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|--|--|
| <b>Name of practice to whom the group booking invoice must be submitted:</b> |  |
| <b>VAT NUMBER OF PRACTICE</b>  |  |
| <b>Address for invoice:</b>  |  |
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|  |  |
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|  |  |
| <b>Contact details for the person responsible for group booking</b>          |  |
| <b>Person responsible</b>  |  |
| <b>Contact number</b>  |  |
| <b>Attending delegate – please complete for each delegate</b>                |  |
| <b>Delegate 1</b>  |  |
| <b>First Name</b>  |  |
| <b>Surname</b>   |  |
| <b>HPCSA Registration Number</b>   |  |
| <b>Mobile Number</b>   |  |
| <b>Email address</b>   |  |
| <b>Number of days you are attending (Friday/Saturday/Sunday)</b>             |  |
| <b>Will you attend the Trade Cocktail Party (YES/NO)</b>                     |  |
| <b>Please indicate the sessions you want to attend on Friday</b>             |  |
| <b>Please indicate the sessions you want to attend on Saturday</b>           |  |
| <b>Please indicate the sessions you want to attend on Sunday</b>             |  |
| <b>Dietary Requirement (Normal/Halaal/Kosher)</b>                            |  |

**Attending delegate – please complete for each delegate****Delegate 2****First Name****Surname****HPCSA Registration Number****Mobile Number****Email address****Number of days you are attending  
(Friday/Saturday/Sunday)****Will you attend the Trade  
Cocktail Party (YES/NO)****Please indicate the sessions  
you want to attend on Friday****Please indicate the sessions  
you want to attend on  
Saturday****Please indicate the sessions  
you want to attend on  
Sunday****Dietary Requirement  
(Normal/Halaal/Kosher)****Attending delegate – please complete for each delegate****Delegate 3****First Name****Surname****HPCSA Registration Number****Mobile Number****Email address****Number of days you are attending  
(Friday/Saturday/Sunday)****Will you attend the Trade  
Cocktail Party (YES/NO)****Please indicate the sessions  
you want to attend on Friday****Please indicate the sessions  
you want to attend on  
Saturday****Please indicate the sessions  
you want to attend on  
Sunday****Dietary Requirement  
(Normal/Halaal/Kosher)**

**Attending delegate – please complete for each delegate****Delegate 4****First Name****Surname****HPCSA Registration Number****Mobile Number****Email address****Number of days you are attending  
(Friday/Saturday/Sunday)****Will you attend the Trade  
Cocktail Party (YES/NO)****Please indicate the sessions  
you want to attend on Friday****Please indicate the sessions  
you want to attend on  
Saturday****Please indicate the sessions  
you want to attend on Sunday****Dietary Requirement  
(Normal/Halaal/Kosher)****Attending delegate – please complete for each delegate****Delegate 5****First Name****Surname****HPCSA Registration Number****Mobile Number****Email address****Number of days you are attending  
(Friday/Saturday/Sunday)****Will you attend the Trade  
Cocktail Party (YES/NO)****Please indicate the sessions  
you want to attend on Friday****Please indicate the sessions  
you want to attend on  
Saturday****Please indicate the sessions  
you want to attend on Sunday****Dietary Requirement  
(Normal/Halaal/Kosher)**

**Attending delegate – please complete for each delegate****Delegate 6**

First Name

Surname

HPCSA Registration Number

Mobile Number

Email address

Number of days you are attending  
(Friday/Saturday/Sunday)Will you attend the Trade  
Cocktail Party (YES/NO)Please indicate the sessions  
you want to attend on FridayPlease indicate the sessions  
you want to attend on  
SaturdayPlease indicate the sessions  
you want to attend on SundayDietary Requirement  
(Normal/Halaal/Kosher)**Attending delegate – please complete for each delegate****Delegate 7**

First Name

Surname

HPCSA Registration Number

Mobile Number

Email address

Number of days you are attending  
(Friday/Saturday/Sunday)Will you attend the Trade  
Cocktail Party (YES/NO)Please indicate the sessions  
you want to attend on FridayPlease indicate the sessions  
you want to attend on  
SaturdayPlease indicate the sessions  
you want to attend on SundayDietary Requirement  
(Normal/Halaal/Kosher)

**Attending delegate – please complete for each delegate****Delegate 8****First Name****Surname****HPCSA Registration Number****Mobile Number****Email address****Number of days you are attending  
(Friday/Saturday/Sunday)****Will you attend the Trade  
Cocktail Party (YES/NO)****Please indicate the sessions  
you want to attend on Friday****Please indicate the sessions  
you want to attend on  
Saturday****Please indicate the sessions  
you want to attend on Sunday****Dietary Requirement  
(Normal/Halaal/Kosher)****Attending delegate – please complete for each delegate****Delegate 9****First Name****Surname****HPCSA Registration Number****Mobile Number****Email address****Number of days you are attending  
(Friday/Saturday/Sunday)****Will you attend the Trade  
Cocktail Party (YES/NO)****Please indicate the sessions  
you want to attend on Friday****Please indicate the sessions  
you want to attend on  
Saturday****Please indicate the sessions  
you want to attend on Sunday****Dietary Requirement  
(Normal/Halaal/Kosher)**

**Attending delegate – please complete for each delegate****Delegate 10****First Name****Surname****HPCSA Registration Number****Mobile Number****Email address****Number of days you are attending  
(Friday/Saturday/Sunday)****Will you attend the Trade  
Cocktail Party (YES/NO)****Please indicate the sessions  
you want to attend on Friday****Please indicate the sessions  
you want to attend on  
Saturday****Please indicate the sessions  
you want to attend on Sunday****Dietary Requirement  
(Normal/Halaal/Kosher)****Attending delegate – please complete for each delegate****Delegate 11****First Name****Surname****HPCSA Registration Number****Mobile Number****Email address****Number of days you are  
attending  
(Friday/Saturday/Sunday)****Will you attend the Trade  
Cocktail Party (YES/NO)****Please indicate the sessions  
you want to attend on Friday****Please indicate the sessions  
you want to attend on  
Saturday****Please indicate the sessions  
you want to attend on Sunday****Dietary Requirement  
(Normal/Halaal/Kosher)**