



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 for further processing.

Name of practice to whom the group booking invoice must be submitted:	
Address for invoice:	
Contact details for the person responsible for group booking	
Person responsible	
Contact number	
Attending delegate – please complete for each delegate	
Delegate 1	
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 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 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 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 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 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 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 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 FridayPlease indicate the sessions
you want to attend on
SaturdayPlease indicate the sessions
you want to attend on SundayDietary Requirement
(Normal/Halaal/Kosher)