Silent Auction Payment Details

Title: Name:

Surname:

CONTACT DETAILS:

Tel:

Cell:

E-mail: _____

I hereby admit that I have been informed that my bid has been the highest and is now due and payable.

I will be liable to settle the amount of R_____. I am able to settle the amount via one of the payment methods listed below.

PAYMENT DETAILS (Tick method of payment)

☐ CASH
☐ CHEQUE: Please make payment to "SADA Congress" and mail cheque to Private Bag 1, Houghton 2041
☐ EFT (ELECTRONIC FUNDS TRANSFER): Please make payment to: SADA Congress; ABSA Bank account: 9221938875, Branch code: 630356. Reference: Please use your name and SADA number as a reference. Name of delegate as appears on registration form.
☐ CREDIT CARD: Please fill in details below.

Charge my: Visa Master Amex Diners

To the amount of R Card no.

Expiry date D D / M M / Y Y Y Y ID no.

Initials and surname of cardholder Initials Surname

Last 3 digits on back of card Date D D / M M / Y Y Y Y

I have read and understand the terms & conditions of this transaction, as indicated above.

NAME DATE D D / M M / Y Y Y Y

SIGNATURE _____

The South Africa Dental Association (SADA) and its representatives respect your rights to privacy and protection of your personal information. SADA is seeking your written permission to release your name and contact details to traders participating in the Congress. Please indicate your preference by ticking the appropriate box.	YES	
	NO	