



South African Gastrointestinal Nurses Society

(affiliated to the South African Gastroenterology Society)

SAGINS EDUCATIONAL GRANT APPLICATION FORM

TITLE	MRS		MS		MR	
NAME						
SURNAME						
IDENTITY NUMBER						
QUALIFICATIONS						
HOSPITAL / CLINIC						

WORK ADDRESS

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WORK CONTACT NO.	
MOBILE NO.	
EMAIL ADDRESS	

MY SPECIAL INTEREST IN GASTROENTEROLOGY IS:

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SAGINS MEMBER SINCE	
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GRANT REQUEST / EVENT DETAIL

TITLE: SAGES / SAGINS 2023

DATE: 09 – 12 August 2023

LOCATION: CSIR International Convention Centre, Pretoria, South Africa

WHAT OUTCOME DO YOU EXPECT FROM ATTENDING THE ABOVE EVENT?

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The information provided on this application and attachment, is true and correct.
I acknowledge that the submission of this application does not guarantee approval.

APPLICANT'S SIGNATURE	
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APPROVED / DENIED (Reason):

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Ashlene N Hill
SAGINS PRESIDENT