

GROUP 3 GUIDELINES

WORKSHOP



27 AUGUST 2024

**CSIR INTERNATIONAL CONVENTION CENTRE
PRETORIA, GAUTENG**

This document is a valid and binding agreement between Fertasa and the delegate or his/her company. A **Tax Invoice** will be issued upon receipt of this registration form.

GROUP REGISTRATION FORM

Delegate registration fees include the entry of the workshop and lunch.

WORKSHHP REGISTRATION	REGISTRATION FEE
Members of Fertasa	R2 500
Non-members	R3 500
Group Fee (5+ delegates)	R2 000

SECTION A:

Please mark with an X where applicable:

Dr Prof Mr Ms

SURNAME:

FIRST NAME:

DESIGNATION:

ORGANISATION: **VAT NUMBER:**

POSTAL ADDRESS:

..... **Postal code:**

TEL/MOBILE: () **E-MAIL:**

SECTION B:

We attend the workshop as: Fertasa Member Non-member

DELEGATE 1 (Name + Surname):	
Position in Company:	E-mail:

DELEGATE 2 (Name + Surname):	
Position in Company:	E-mail:

DELEGATE 3 (Name + Surname):	
Position in Company:	E-mail:

DELEGATE 4 (Name + Surname):	
Position in Company:	E-mail:

DELEGATE 5 (Name + Surname):	
Position in Company:	E-mail:

DELEGATE 6 (Name + Surname):	
Position in Company:	E-mail:

SECTION C:

FERTASA BANK DETAILS FOR ELECTRONIC TRANSFER OR DIRECT DEPOSIT :

ACCOUNT NAME: Fertilizer Association of Southern Africa NPC
 BANK: First National Bank
 BRANCH: Lynnwood (The Grove), Pretoria
 BRANCH NO: 25-20-45
 ACCOUNT NO: 509 807 658 60
 SWIFT CODE: FIRNZAJJ460
 (Reference on payment: Invoice Number and Name)

PLEASE NOTE - No persons will be allowed to attend the events if not registered and paid in full.

I/We undertake to pay the issued invoice for the Fertasa workshop in full by not later than **19 JULY 2024**. I/We are aware that **a written notice of cancellation** must be sent to hermien@fertasa.co.za by no later than **9 AUGUST 2024**, failing which the issued invoice will still be payable in full.

SIGNED: **DATE:**

Complete and return this form to Hermien Wouda
 E-mail: hermien@fertasa.co.za