

59TH ANNUAL CONGRESS



FERTASA

Fertilizer Association of Southern Africa

10 + 11 APRIL 2019

SPIER
STELLENBOSCH, SOUTH AFRICA

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 CEO's Welcoming Cocktail (10 April 2019), entry of the congress, lunch, congress material, leisure programme for partner and gala dinner for delegate.

➤ CONGRESS REGISTRATION FEE	COST PER PERSON (VAT EXCLUDED)	
	REGISTRATION FEE Payment before or on <u>31 MARCH 2019</u>	LATE FEE Payment from <u>1 APRIL 2019</u>
Members of Fertasa	R 3 000	R4 500
Government & Tertiary Institutions (universities, etc)	R 3 500	
Non-members	R 4 000	
Group Fee (5+ Delegates)	R 2 500	
➤ ADDITIONAL COST		
Gala Dinner for non-delegate	R 450	

SECTION A:

ORGANISATION: VAT NUMBER:

POSTAL ADDRESS:

..... Postal code:

TEL/MOBILE: () FAX: ()

E-MAIL:

SECTION B:

Please mark with an X where applicable:

I attend the congress as: Fertasa Member Non-member
 Government Department Tertiary Education Institution

DELEGATE 1 (Name + Surname):	
Position in Company:	E-mail:
Your Participation: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Congress <input type="checkbox"/> Gala Dinner	
Name of Partner:	
Events your partner will attend: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Leisure Programme <input type="checkbox"/> Gala Dinner	
Special dietary requirements:	

DELEGATE 2 (Name + Surname):	
Position in Company:	E-mail:
Your Participation: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Congress <input type="checkbox"/> Gala Dinner	
Name of Partner:	
Events your partner will attend: <input type="checkbox"/> Cocktail Function Leisure Programme <input type="checkbox"/> Gala Dinner	
Special dietary requirements:	

DELEGATE 3 (Name + Surname):	
Position in Company:	E-mail:
Your Participation: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Congress <input type="checkbox"/> Gala Dinner	
Name of Partner:	
Events your partner will attend: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Leisure Programme <input type="checkbox"/> Gala Dinner	
Special dietary requirements:	

DELEGATE 4 (Name + Surname):	
Position in Company:	E-mail:
Your Participation: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Congress <input type="checkbox"/> Gala Dinner	
Name of Partner:	
Events your partner will attend: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Leisure Programme <input type="checkbox"/> Gala Dinner	
Special dietary requirements:	

DELEGATE 5 (Name + Surname):	
Position in Company:	E-mail:
Your Participation: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Congress <input type="checkbox"/> Gala Dinner	
Name of Partner:	
Events your partner will attend: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Leisure Programme <input type="checkbox"/> Gala Dinner	
Special dietary requirements:	

DELEGATE 6 (Name + Surname):	
Position in Company:	E-mail:
Your Participation: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Congress <input type="checkbox"/> Gala Dinner	
Name of Partner:	
Events your partner will attend: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Leisure Programme <input type="checkbox"/> Gala Dinner	
Special dietary requirements:	

DELEGATE 7 (Name + Surname):	
Position in Company:	E-mail:
Your Participation: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Congress <input type="checkbox"/> Gala Dinner	
Name of Partner:	
Events your partner will attend: <input type="checkbox"/> Cocktail Function <input type="checkbox"/> Leisure Programme <input type="checkbox"/> Gala Dinner	
Special dietary requirements:	

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 Congress in full by not later than 7 April 2019. I/We are aware that **a written notice of cancellation** must be sent to hermien@fertasa.co.za by no later than **1 April 2019**, 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 or Fax +27 (0)12 349 1450