



Southern Africa Region 20th Annual Conference: 1-4 March 2016

Tzaneen, Limpopo

Sustainable Nursery Practises

REGISTRATION FORM

DELEGATE (Please complete one form per person)

Title: _____ Name: _____ Surname: _____

Company: _____

Tel. Business: (____) _____ Fax: (____) _____ Cell: _____

Email: _____ Website: _____

Address: _____

Suburb: _____ City: _____

Country: _____ Postal/Zip Code: _____

Conference and Conference Tours

- | | | |
|--------------------------|-------------------|------------------------------------|
| <input type="checkbox"/> | Wednesday 1 March | Welcome Dinner |
| <input type="checkbox"/> | Thursday 2 March | Half day conference |
| <input type="checkbox"/> | Thursday 2 March | Nursery visits |
| <input type="checkbox"/> | Thursday 2 March | Gala Dinner |
| <input type="checkbox"/> | Friday 3 March | Half day conference |
| <input type="checkbox"/> | Friday 3 March | Nursery visits |
| <input type="checkbox"/> | Saturday 4 March | Nursery Visit and Picnic Breakfast |

Please tick

Tick	Options			Member	Non Member
<input type="checkbox"/>	Full Conference	Single Accommodation 3 Nights	Bus	R 4 950,00	R 6 095,00
<input type="checkbox"/>	Full Conference	Sharing Accommodation 3 Nights	Bus	R 4 450,00	R 5 595,00
<input type="checkbox"/>	Full Conference	No Accommodation	Bus	R 3 200,00	R 4 345,00
<input type="checkbox"/>	Full Conference	Single Accommodation 3 Nights	Self-Drive	R 4 200,00	R 5 345,00
<input type="checkbox"/>	Full Conference	Sharing Accommodation 3 Nights	Self-Drive	R 3 800,00	R 4 945,00
<input type="checkbox"/>	Friday 12:00 return	Single Accommodation 2 Nights	Bus and Shuttle	R 4 500,00	R 5 645,00
<input type="checkbox"/>	Friday 12:00 return	Sharing Accommodation 2 Nights	Bus and Shuttle	R 4 100,00	R 5 245,00
<input type="checkbox"/>	Daily rate	No Accommodation	Self-Drive	R 1 300,00	R 1 875,00
<input type="checkbox"/>	Welcome Dinner for day delegate			R 300,00	R 300,00
<input type="checkbox"/>	Gala Dinner for day delegate			R 300,00	R 300,00

All meals included except Welcome or Gala Dinner for Day delegates

Add R150.00 Administration cost if paying with Credit Card.

PAYMENT OPTIONS

EFT / Direct Deposit

Debit my Credit Card

MasterCard

Visa

Card number: _____ CVV (last 3 digits at back of card) _____ Expiry Date: _____

Cardholder's Name: _____ Authorised amount R _____

Signature: _____ Date: _____

TOTAL COST: _____

(Sorry no refunds and no additional discounts)

Please advise special dietary requirements _____

EMAIL or **FAXMAIL** your registration form to: secretary.ippssa@gmail.com or **086 535 5728** (local)

BANK DETAILS: Payments to: IPPS, Nedbank Acc 1876 014 571, Branch Code 187 646 Brits

SWIFT CODE: NEDSZAJJ
