

## AFA WORKSHOP Turnaround Management

20-22 December 2016, Saudi Arabia

Company Name: -----

First Name: Family Name: ------

## **Registration & Accommodation Form**

Position: -----

Business Address:		Country:
Tel:	Fax:	Email:
Date:	Signa	ture:
Registration Fees pe	er delegate <mark>US\$</mark>	5 1500/ per delegate
Method of payment	:	
heque	To the order of	f Arab Fertilizer Association (AFA)
	(Pls. include re	egistrant's name attached with cheque)
☐ Bank Transfer	to AFA Accour	nt: Arab Fertilizer Association
	(CIB) Commerc	cial International Bank - A/C No: 100009870533
	Swift code: CIE	BEEGCX-020 - Nasr city branch – Cairo – Egypt
	Bank transfer	r should include:
	Name of the c	company; Name(s) of the delegate(s);
	All transfer ch	harges must be paid by the transferor.
☐ Credit cards		
☐ Cash		
Hotel Venue: Karan Al-Dana Street, Al-Fa P.o.Box: 37416 Juba	Hotel anateer Area il Industrial Cit	AND VENUE y,31961
Kingdom of Saudi A	rabia	
ROOM TYPE		ROOM RATES (\$US)
Single Room/Do	uble Room	190
Above rate is PER ROO  Arrival details:  Date:	Fligl	uding breakfast, tax and services. ht # and ETA
Departure details:		
Date: Flight # and ETD		ht # and ETD
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