

## AFA WORKSHOP

Process Safety Management (PSM) and Inspection

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

Kuwait: 24-26 May, 2016

## **Registration & Accommodation Form**

Simply complete this form and return it to AFA Conference Service by either:

E-mail: info@afa.com.eg or by Fax: +20 2 23054465-66

Registration forms could be downloaded from the website (in PDF format)

|                         | Position:            |  | Company Name:            |  |
|-------------------------|----------------------|--|--------------------------|--|
|                         | Business Address: -  |  | Country:                 |  |
|                         | Tel:                 | Fax:                                   | Email:                   |  |
|                         | Date:                | Signature:                             |                          |  |
|                         | Registration Fees pe | r delegate US\$ 1500/ per delegat      | e                        |  |
|                         |                      |  |                          |  |
|                         | Method of payment:   |  |                          |  |
|                         | Cheque               | To the order of Arab Fertilizer Associ | iation (AFA)             |  |
| 70                      |                      | (Pls. include registrant's name attac  | hed with cheque)         |  |
|                         | ☐ Bank Transfer      | to AFA Account: Arab Fertilizer Asso   | ociation                 |  |
|                         |                      | (CIB) Commercial International Ban     | k - A/C No: 100009870533 |  |
|                         |                      | Swift code: CIBEEGCX-020 - Nasr cit    | y branch – Cairo – Egypt |  |
|                         |                      | Bank transfer should include:          |                          |  |
|                         |                      | Name of the company; Name(s) of        | the delegate(s);         |  |
|                         |                      | All transfer charges must be paid      | by the transferor.       |  |
| - 1                     | Credit cards         |  |                          |  |
|                         |                      |  |                          |  |
|                         | Cash                 |  |                          |  |
|                         | ACCOMMO              | DATION AND VENI                        |                          |  |
| ACCOMMODATION AND VENUE |                      |  |                          |  |
|                         | Hotel Venue: The Rac | disson Blue Kuwait Hotel               |                          |  |
|                         |                      |  |                          |  |
|                         | ROOM TYPE            | ROOM RATES (\$US)                      |                          |  |
|                         | Single Room          | 150                                    |                          |  |
|                         |                      |  |                          |  |
|                         |                      | per night, including breakfast, tax an | d services.              |  |
|                         | Arrival details:     |  |                          |  |
|                         | Date:                | Flight # and ETA                       |                          |  |
|                         |                      |  |                          |  |
|                         | Departure details:   |  |                          |  |
|                         | Date:                | Flight # and ETD                       |                          |  |
|                         |                      |  |                          |  |