

IPPS Southern Africa Region Telephone: Karen 072 825 0252 email: keichholz7@gmail.com

website: www.ippssa.org

Southern Africa Region 27th Annual Conference: 25th March – 27th March 2025 **Cumberland Hotel - Worcester**

CULTIVATING TOMORROW'S HORTICULTURE 'Innovation and Growth'

REGISTRATION FORM

DELEGATE

Will you be sharing accommodation? Yes/No Please complete separate booking form for person you are sharing with.

Title: Name:	Last Name:	
	Cellphone:	
Address:		
Suburb:	City:	
Country:	Postal/Zip Code:	

Conference Programme Overview

Day 1: Tuesday 25 March 2025

- Collect delegates from Cape Town International Airport @ 09h30
- Pick up local delegates at Shadowlands Nursery @ 10h00. Secure parking for the three days available.
- Nursery visits and lunch
- Hotel check-in and registration
- Welcome dinner at Cumberland Hotel: 18h30 for 19h00

Day 2: Wednesday 26 March 2025

- Half day conference talks
- Afternoon nursery visits
- Gala Dinner @ 18h30 for 19h00

Day 3: Thursday 27 March 2025

- Half day conference talks
- Afternoon nursery visits
- 14h45 depart from The Olive Branch Nursery, Wellington, to Cape Town International Airport

Please tick boxes of selected option(s)

Other options are available on request

Tick	Op	otions	Member	Non- Member
1	3 Day Conference: 25 March – 27 March Including accommodation	Per person single rate 3 days including 2 nights accommodation Includes all meals, gala dinner & transport to and from conference venue	R 9,300	R 10,300
2	3 Day Conference: 25 March – 27 March Including accommodation	Per person sharing rate 3 days including 2 nights accommodation Includes all meals, gala dinner & transport to and from conference venue	R 8,500	R 9,500
3	3 Day Conference: 25 March – 27 March Excluding accommodation	Per person rate 3 days, no accommodation Includes welcome dinner, gala dinner and lunches Self drive to and from conference venue	R6,600	R7,600
4	Conference day rate only	Includes lunch and nursery visit transport	R3,400	R 3,900

Please complete separate booking form for person you are sharing with.

Signature:	Date:
TOTAL COST:	
Please indicate special dietary needs	

EMAIL your registration form to: flowerfun@me.com