2025 AWSA WOODTURNING SYMPOSIUM

VISION: Not just seeing what is - but seeing what can be! (Roger Chandler)

03 October until 06 October 2025
Northlink College, Tygerberg Campus, Rothchild Boulevard, Panorama

Please register and make payment on or before 19 September 2025
Mail completed form to treasurer@awsa.org.za

Personal information

Title: _____ **Initials:** _____

Name: _____ **Surname:** _____

Cell or landline no _____

Email address: _____

Local Club Member? | **Y** | **N** | **Club Name:** _____

Symposium Attendance

I am attending as:

Attendee:		**Demonstrator**	

You can attend the full symposium at a member fee of R900. This fee covers the symposium attendance and the welcoming event on Friday evening. Or you can attend one of the symposium days. Please note that the fee for two full days (Sunday and Saturday) is the same than the full symposium fee. We therefore propose that if you want to register for 2 full days you rather register for the full symposium.

I would like to attend the

Full Symposium (R900)		**Subtotal**	**R**

OR

Saturday (R450)		**Subtotal**	**R**
Sunday (R450)		**Subtotal**	**R**
Monday – half day (R225)		**Subtotal**	**R**

Gallery Exhibition

You are welcome to bring up to 5 items to exhibit in the gallery:

Number of pieces: ___

Social Events

Welcoming Event - Friday at 18:00. (Included in the full symposium fee.)

I would like to attend ☐ **with my partner** ☐

AWSA Dinner – Sunday at 18:30 (R350 per person.)

I would like to attend ☐ **with my partner** ☐ **Subtotal** | **R** |

Total Amount (Symposium Attendance Subtotal+ Social Events Subtotal) | **R** |

Partner Information

Title: _____ **Surname:** _____

Name: _____

Cell or landline no _____

Email address: _____

Dietary Requirements

Mine

None ☐ **Diabetic** ☐ **Halaal** ☐ **Kosher** ☐ **Others (please specify)** ☐

Note:

Partner

None ☐ **Diabetic** ☐ **Halaal** ☐ **Kosher** ☐ **Others (please specify)** ☐

Note: _____

Consent

By signing and submitting this form, I agree that AWSA will store the information provided on this form for administration purposes and that it will not be disclosed to third parties.

Signature: _____ **Date:** _____

Bank Details: FNB – Business Account **Account Name:** Association of Woodturners of SA **Account no:** 62775963898 **Branch:** 250655 **Reference:** Name and Surname	• Lunches will be for your own account. • Please make your own arrangements for dinner on Saturday. • There will be a cash bar available for the AWSA dinner on Sunday.