2026 AWSA WOODTURNING SYMPOSIUM

ROOTED IN AFRICA

02 October until 05 October 2026
New Hope School, Cecilia Road, Ashlea Gardens, Pretoria

Please register and make payment on or before 28 September 2026

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:** _____

AWSA Membership

If you join as a member of AWSA before 28 September 2026 you can attend the symposium at a discounted rate of R750. AWSA membership fee is R100 per annum.

Join AWSA as a member	**Y**		**N**	**Subtotal**	**R**

Symposium Attendance

Attendee:		**Demonstrator**	

You can attend the full symposium at a 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 equal to the full symposium fee. We therefore propose that if you want to register for 2 full days you rather register for the full symposium.

Full Symposium (R900 / R750)		**Subtotal**	**R**

OR

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

Accommodation

Accommodation is available from the 1st of October at the hostel of the New Hope School. A limited number of double rooms are available. Breakfast is included.

Double Room (for couples) ☐ **Single person** (6 bed hostel room) ☐

Number of nights (R450 per person per night) ☐ **Subtotal** ☐

Social Events

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

Attendee ☐ **Partner** ☐

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

Attendee ☐ **Partner** ☐ **Subtotal** R ☐

Total Amount (Membership, symposium, accommodation & AWSA Dinner) R ☐

Partner Information

Title: _____ **Surname:** _____

Name: _____

Dietary Requirements

Attendee

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

Note: _____

Partner

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

Note: _____

Gallery Exhibition

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

Number of pieces: _____

Consent

By signing and submitting this form, I agree that AWSA will store the information provided on this form for administration purposes and in the case of a membership application will use use my name and email address to register me as a user on the AWSA website. AWSA it will not disclose this information 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.