

# AGRIBUSINESS MISSION TO GERMANY

DISCOVER WITH US HOW GERMANY IS EUROPE'S SECOND LARGEST AGRICULTURAL PRODUCER THROUGH ITS INNOVATIONS

Frankfurt & Stuttgart

Date: 10th to 12th June 2024

## REGISTRATION FORM

### IAIC 2024 AGRIBUSINESS MISSION TO GERMANY

10 – 12 JUNE 2024

Please type out the form in softcopy and email to [shannyshe@iaas.org.sg](mailto:shannyshe@iaas.org.sg)

**Attention: Ms Shanny Shen, IAIC Secretary**

Please put a "✓" in the appropriate boxes

S/N	Details	Please indicate your choice (Including taxes, and subject to change)	
1	<b>Accommodation*</b> (inclusive of all taxes)	<input type="checkbox"/> Single occupancy:	S\$ 1680 (4 nights per person)
		<input type="checkbox"/> Shared accommodation:	S\$ 980 (4 nights per person) Name of participant sharing with: _____
		*Hotels in Frankfurt and Stuttgart only offer queen-size beds.	
		<input type="checkbox"/> I will make my own arrangement for accommodation	
<p>*IAAS recommend the group delegations to stay in the same hotel. DLG suggests the following hotels in Frankfurt and Stuttgart:</p> <ol style="list-style-type: none"> <li>Frankfurt: Hotel Motel One Frankfurt-Römer</li> <li>Stuttgart: Hotel Motel One Stuttgart-Hauptbahnhof</li> </ol> <p>Please be aware that the hotels in Frankfurt and Stuttgart only provide queen-size beds.</p>			
2	<b>Common Fund</b> (inclusive of all taxes)	<input type="checkbox"/> S\$ 1,800	The Common Fund covers the following items : <ul style="list-style-type: none"> <li>• On-ground transport (exclusive airport transfers)</li> <li>• Meals</li> <li>• Lectures, business meetings, corporate visits, networking</li> </ul>

Information provided will be used for the Mission Brochure and/or Mission-related purposes.

### PERSONAL INFORMATION 个人资料

Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			*Please complete the form in English.
Participant Name		Designation	
Company Name		Website	
Tel	Fax	Mobile	E-mail

Business Address	
Company writeup (up to 100 words)	
Drug Allergies (if any)	Medical History (if any)
Special Dietary Requirements	
In event of emergencies, please indicate Next of Kin / Contact Person & Contact Number	

**Important information to take note and payment method:**

1) Please make payment via Bank transfer or PayPal to IAAS:

**DBS Bank**

Beneficiary Name: International Association for Agricultural Sustainability Ltd.  
 Beneficiary Address: 8 Eu Tong Sen St. #17-82, The Central, Singapore 059818

Bank Name: DBS Bank  
 Account Number: 003-954129-5  
 Bank Code: 7171  
 Branch Code: 003  
 Swift Code: DBSSSGSG  
 Bank Address: 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre  
 Tower 3, Singapore 018982

or

 Account: [service@iaas.org.sg](mailto:service@iaas.org.sg)

2) Please send a passport-size color photo and a copy of your passport via email to [shannyshen@iaas.org.sg](mailto:shannyshen@iaas.org.sg). Your passport copy is required for travel bookings and hotel check-in purposes.