



**13<sup>th</sup> African Crop Science Society Conference**  
**Building Africa's Future:**  
**Crop Research and Innovation for Agricultural Transformation,**  
**Resilience, and Inclusion**  
**16<sup>th</sup> – 19<sup>th</sup> September 2024**  
**Venue: Eduardo Modlane University Main Campus**  
**Maputo, Mozambique**

**EXHIBITOR REGISTRATION FORM**

**Yes**, my organization will exhibit at the 13<sup>th</sup> African Crop Science Conference to be held 16-19<sup>th</sup> September, 2024. I understand that the exhibit hall will be open during the entire conference.

I understand that I will be provided with an 3m x 2m booth area with one table, 2 chairs, a wastebasket, and electricity (if requested). I will be responsible for my own display and the ordering and cost of any additional items such as audio visual equipment, telephones, and internet access. I will be responsible for making hotel room reservations and travel arrangements, staffing the exhibit, shipment of exhibit materials to and from the hotel, packing, unpacking, drayage, and removal of exhibit materials from the hotel.

I understand that the exhibitor assumes full responsibility and liability for losses, damages, and claims arising out of injury to persons or damage to the Exhibitor's displays, equipment, or property brought upon the premises of the Conference. I also understand that neither UEM nor the African Crop Science Society maintain insurance covering the Exhibitor's property or lost revenue and it is the sole responsibility of the Exhibitor to obtain such insurance.

**Name of authorized representative (please print)**

**Organization**

**Country**



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**Contact Details**

Complete Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Homepage: http:// \_\_\_\_\_

**Type of products or services to be displayed**

\_\_\_\_\_

**Space required**

Number of booths\*

Will you require electrical outlet? Yes  No

\*One booth includes a 3m x 2m booth area with one table, 2 chairs, a wastebasket, and electricity (if required)

**Name(s) of exhibit booth personnel**

1.	_____
2.	_____
3.	_____



### Payment Details

	Number of booths requested	Fee per booth (USD)	Amount Due
<b>Total Payment</b>		400	

**Mode of payment** (Please tick as applicable):

Cheque       Bank deposit\*       Wire transfer

\*Acceptable only from Mozambique

<b>1. Bank cheque or deposit (within Mozambique only)</b> Amount <input type="text"/> Cheque# <input type="text"/> Deposit # <input type="text"/> Dated <input type="text"/>	<b>2. Wire transfer</b> Amount <input type="text"/> Transfer # <input type="text"/> Bank name <input type="text"/> Dated <input type="text"/>
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#### Bank Details

Bank name: BCI, Account Name: UEM-FAEF-ACSS 2011, Swift code: CGDIMZMA, IBAN: MZ38  
Account number (USD): 28663016102, NIB (USD): 000800002866301610277  
Account number (MZN): 28663016101, NIB (MZN): 000800002866301610180

**Please confirm payment by e-mailing the payment details to the ACSS2024 Secretariat  
e-mail: [acss2024@uem.mz](mailto:acss2024@uem.mz)**

**Please fill and mail registration form to:** 13<sup>th</sup> African Crop Science Conference Secretariat, Faculty of Agronomy and Forestry Engineering, Campus Universitário, Universidade Eduardo Mondlane, P.O.Box 257, Maputo, MOZAMBIQUE  
Tel: +(258) 86 780 0264, e-mail: [acss2024@uem.mz](mailto:acss2024@uem.mz), Webpage: <https://acss2024.uem.mz>

**Cancellation Policy:** No cancellations will be accepted.

**Note:** Exhibitors who plan to attend conference sessions and events must also register as a conference attendee

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_