# Aquaculture and Aquaponics Course

## Booking Form 18 to 22 May 2026

Full Name:

ID Number:

Cell: Email:

Physical Address:

Special Dietary Requirements:

Company Details if applicable:

## Indemnity

I hereby agree to indemnify Aquaponics Innovations, Aquaculture Solutions, Aquaculture Innovations, Urban Aquaponics, all employees and associates in every way, expressed and implied, from any damages to person or property, however incurred, while attending any of the Aquaculture and Aquaponics Courses.

Signed: Date:

Once completed and signed, kindly transfer payment into the account below and email this form and your payment confirmation to info@aquaculturesolutions.org.

Aquaculture Solutions
Standard Bank
Branch Code 050917
Account number 282 624 619
Reference: ***your name***