

ICASA 2021

DURBAN, SOUTH AFRICA | 6-11 DEC. 2021

Group Registration Form

Please clearly complete this form in BLOCK CAPITALS and return it to:

ICASA 2021 Registration Department

Email: registration@saafrica.org

From 15 delegates and above will attract a 10% discount

Fields marked with an * are required.

Group Manager Information

How would you like to attend this conference?*

In-person

Virtual

Company Details: ☐ also Billing Address

☐ Mr.

☐ Mrs.

☐ Ms.

☐ Prof.

☐ Dr.

Last Name*: _____ First Name*: _____

Company / Institution / Organisation*: _____

Department: _____

Street, No*: _____

Postal Code: _____ City*: _____ Country: _____

Telephone: Country Code: _____ City Code: _____ Number: _____

Mobile: Country Code: _____ City Code: _____ Number: _____

Fax: Country Code: _____ City Code: _____ Number: _____

Main Email*: _____

Alternative Email: _____

If you are an agency representing a company, please indicate the name of the company you are representing:

Registration Fees

All fees mentioned below are quoted in **US Dollar (USD)** and registrations will only be processed once full payment has been received. A Delegate must be at least 18 years old.

Delegate	Early Registration Deadline until 17 May 2021 (24.00 GMT)	Regular Registration Deadline until 31 August 2021 (24.00 GMT)	Late Registration Deadline until 30 October 2021 (24.00 GMT)
High Income Countries ¹	_____ x 700.00 USD	_____ x 850.00 USD	_____ x 950.00 USD
Low-Middle Income Countries	_____ x 450.00 USD	_____ x 500.00 USD	_____ x 600.00 USD

¹ Please visit the website for a complete and up to date listing of High Income Countries

Total Amount: _____ USD

Accompanying Person

Please clearly complete this form in **BLOCK CAPITALS** and return it to:

ICASA 2019 Registration Department
Email: registration@icasa2019rwanda.org

Fields marked with an * are required.

Personal Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Prof. ☐ Dr.

Last Name*: _____ First Name*: _____

Company / Institution / Organization*: _____

Department: _____

Street, No*: _____

Postal Code: _____ City*: _____ Country: _____

Telephone: Country Code: _____ City Code: _____ Number: _____

Mobile: Country Code: _____ City Code: _____ Number: _____

Fax: Country Code: _____ City Code: _____ Number: _____

Accompanying Person of: _____ Participant Number: _____

Main Email*: _____

Alternative Email: _____

Registration Fees for accompanying person

NB: only one accompanying person is allowed.

All fees mentioned below are quoted in **US Dollar (USD)** and registrations will only be processed once full payment has been received.

Delegate Registration Deadline
until 30 October 2021 (24.00 GMT)

Accompanying Persons (over18) ☐ 300.00 USD

Accompanying Persons (under 18) ☐ 300.00 USD

Payment

☐ I would like to pay with credit card.

(A separate link to do so will be sent to me upon receipt of this registration form. An additional handling fee of 3.5% applies to the total amount to be charged. This amount will be indicated on the invoice.)

☐ I will transfer the total amount in US Dollar to the following account.

Bank:	ECOBANK GHANA LIMITED
Branch:	A&C SHOPPING MALL, EAST LEGON
Address:	PMBGPO ACCRA – GHANA
Account name:	SOCIETY FOR AIDS IN AFRICA-ICASA REGISTRATION
Account number:	244 100 030 4908
Ecobank's Swift Code:	ECOCGHAC
Ecobank's Correspondent Bank:	DZ BANK, FRANKFURT GERMANY Swift Code for
Correspondent Bank:	GENODEFF
Bank Code:	13-01-00
Branch Code:	13-01-07

Reference: Group Registration Number, Name, ICASA 2021

All bank transfer costs must be paid by the transmitter.

1. After you have sent your group registration form to the ICASA Registration Department, you will receive an email confirmation with your payment order as well as your group registration number.
2. Please use this group registration number as cross reference when depositing the registration fee into the ICASA account. Please include the bank transfer fees in the total transaction.
3. Please submit the original bank deposit slip immediately after the deposit to the ICASA 2021 Secretariat Office, to the following address: payment@saafrica.org.
4. Kindly note that the original bank deposit slip serves as a confirmation and will be cross referenced with your registration.

Confirmation of Registration

☐ I have read and accept the General Terms & Conditions, including liabilities, cancellation and payment policies, without any restrictions and I confirm the above bookings. (Mandatory)

☐ I agree that all data provided may be used (saved, stored, processed, transmitted and deleted) and shared with partners/suppliers in compliance with the Privacy Policy to allow for the bookings of my group members. Furthermore, the provided data for my group members may be shared with the host society or a sister society (medical society). I confirm that all group members have been informed about the privacy policy, and have agreed to its stipulations and procedures. (Mandatory)

By providing an individual email address for my group members I hereby confirm that they have agreed to receive promotions, offers, and/or information on this event or similar events by email in compliance with the privacy policy. They may unsubscribe from this service at any time. I confirm that all group members have been informed about the privacy policy, and have agreed to its stipulations and procedures.

- ☐ I agree
☐ I disagree

I agree that all contact data provided for my group members may be shared with sponsors and exhibitors of this event who may provide promotions, offers, and/or information by email. I confirm that all group members have been informed about the privacy policy, and have agreed to its stipulations and procedures.

- ☐ I agree
☐ I disagree

Place, Date

Signature