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**REGISTRATION FORM**

**THE 7TH CONGRESS OF ENGLISH-SPEAKING AFRICA REGION OF CICIAMS**

**Theme: Embracing Nursing Leadership in Non-communicable disease management to enhance holistic care**

**Hosted by the Catholic Nurses Association of Kenya   
9th to 11th September 2020  
Kenya School of Monetary Studies, Nairobi,**

**Kenya**

**REGISTRATION NO-----------------------------**

**[A] PERSONAL INFORMATION**

Please provide your details below:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** | Enter text | | | | **Full Name:** | | Click here to enter name. | | | | | | | | | | | |
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| **Organization:** | | | | | | Click here to enter university/organization. | | | | | | | | | | | | |
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| **Mailing Address:** | | | | Click here to enter address line 1. | | | | | | | | | | | | | | |
| Click here to enter address line 2. | | | | | | | | | | | | | | |
| Click here to enter address line 2. | | | | | | | | | | | | | | |
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| **City:** | | | Click here to enter city. | | | | | **State/Province:** | | Click here to enter state. | | | | | **Zip/Postal Code:** | | Click to enter postal code. | |
|  | | | | | | | | | | | | | | | | | | |
| **Country:** | | | Click here to enter country. | | | | | | **Telephone:** | | Enter text. | | - | Click to enter number. | | | | |
|  | | |  | | | | |  | | | Country code | |  |  | | | | |
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| **Email:** | | Click here to enter email address. | | | | | | | | | | **Meal Preference:** | | | | ☐ Vegetarian | | ☐ Non-vegetarian |
|  | |  | | | | | | | | | | Please indicate | | | |  | |  |

**[B] REGISTRATION FEES**Please indicate your payment amount below by clicking and crossing “⌧” the appropriate box below.

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| --- | --- | --- | --- | --- | --- | --- |
| CONFERENCE FEES | Early Bird  (ends on 30.03.2020) | | Late  (ends on 30.06.2020) | | On-site Registration  (subject to availability of seats) | |
| Local (KES) | International (US$) | Local (KES) | International (US$) | Local (KES) | International (US$) |
| Registered Members | ☐25,000 | ☐250 | ☐30,000 | ☐300 | ☐35,000 | ☐350 |
| Non-registered Members | ☐ 30,000 | ☐ 300 | ☐ 35,000 | ☐350 | ☐ 40,000 | ☐ 400 |

**Note:** Registration fees include 6 teas, 3 lunches, conference kit and dinner galla

(NOTE: Registration fee does not include accommodation). (Optional: Tour package – KES 6000/ USD 60)

**[C] ACCOMMODATION**Please indicate your payment amount below by clicking and crossing “⌧” the appropriate box below.

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| **TYPE** | **Cost Per Day** | |
| Local (KES) | International (US$) |
| **Single, Bed & Breakfast, per person** | ☐7,500 | ☐75 |
| **Twin/Sharing, Bed & Breakfast, per person** | ☐ 5,800 | ☐ 58 |
| **Date of Arrival** |  | |
| **Date of Departure** |  | |
| **No. of nights** |  | |
| **Total Payable for accommodation** |  | |

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| **[D] PAYMENT METHOD**   1. Payment must be made during the submission of the registration form. 2. Payment can be made through **CASH DEPOSIT** or **BANK TRANSFER** to our account. 3. Please send/fax/mail/email us a copy of your payment/bank-in slip as **PROOF OF PAYMENT** for your registration to be confirmed. 4. Registration confirmation/receipt and further information will be mailed to you upon confirmation.   Account details are as follows:   |  |  | | --- | --- | | Account Name | Catholic Nurses Association of Kenya | | Bank | NCBA | | Branch | The Junction | | Account Number | 1000006714 | | Swift Code | CBAFKENX | | BANK CODE | 07000 |   **[E] CANCELLATION, CHANGES AND REFUND POLICY**   1. Fees for missed meals, late arrivals and early departures will not be refunded. 2. For cancellations, a written notice to the secretary is required before **1stJuly** **2020**. A processing fee will be incurred for cancellations. After that date, fees are non-refundable. Valid refunds (if any) will only be processed after the conference. 3. If you are unable to attend the conference, a substitute is allowed at no extra charge with a prior written notification to the secretary. | **[F] TOTAL AMOUNT** Please state your total payable amount  (include conference registration + accommodation + tour package).   |  |  | | --- | --- | | **☐ KES /☐ US$**  Please choose currency | Click to enter total amount |   **[G] PLEASE RETURN YOUR COMPLETED FORM(S) VIA THESE METHODS** Please attach your proof of payment with completed registration form.   |  | | --- | | **Mailing Address:** | | **Mrs. Anne Lydia Kabimba Wawire**  **National Chair, Catholic Nurses Association of Kenya**  **P.O. Box 67872 – 00200**  **Nairobi, Kenya** | |  | | **Email :** [**info@caritasnurseskenya.org**](mailto:info@caritasnurseskenya.org) **or** [**annekabimba@yahoo.com**](mailto:annekabimba@yahoo.com) | |  | | **Mobile : +254725411421** | |  | | For further inquiries please contact:  **Lucy Thang’a: +254722705784; wangu.thanga@gmail.com**  **Anne Kanyuga: +254722250095; akanyuga@gmail.com** | |