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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:

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:**  | Enter text | **Full Name:** | Click here to enter name. |
|  |
| **Organization:**  | Click here to enter university/organization. |
|  |
| **Mailing Address:**  | Click here to enter address line 1. |
| Click here to enter address line 2. |
| Click here to enter address line 2. |
|  |
| **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 |  |  |
|  |
| **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.

|  |  |
| --- | --- |
| **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** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **[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.

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| **Mailing Address:**  |
| **Mrs. Anne Lydia Kabimba Wawire****National Chair, Catholic Nurses Association of Kenya** **P.O. Box 67872 – 00200****Nairobi, Kenya**  |
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| **Email :** **info@caritasnurseskenya.org** **or** **annekabimba@yahoo.com** |
|  |
| **Mobile : +254725411421** |
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| For further inquiries please contact:**Lucy Thang’a: +254722705784; wangu.thanga@gmail.com****Anne Kanyuga: +254722250095; akanyuga@gmail.com** |

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