

REGISTRATION FORM

Please complete by typing or using block letters.

If this is a downloaded PDF then you have a 'fillable PDF form'. Please ensure data is saved before attaching to an email.

Printed registration forms should be scanned and emailed to annanda@hpca.co.za or faxed to +27(0)865807835

For information contact: Sue Boucher at sue@icpcn.co.za +27(0)82 897 4420



REGISTRATION CATEGORY *(Please tick)*

For current exchange rate visit: <http://www.xe.com/ucc/convert.cgi>

CHI / ICPCN / HPCA Members*	Developing Countries**	Non Members	Developing Countries**
Early Registration <i>(Must be before 30 June 2009)</i>	ZA R 5,000	ZA R 3,250	ZA R 5,500 ZA R 4,000
Regular Registration <i>(Must be before 14 August 2009)</i>	ZA R 5,500	ZA R 3,750	ZA R 5,750 ZA R 4,500
Late Registration <i>(After 14 August 2009)</i>	ZA R 5,750	ZA R 4,000	ZA R 6,000 ZA R 4,750

*I confirm I am currently a member of CHI ICPCN HPCA (SA) I am a lead presenter entitled to 25% discount

** See ICPCN website for full list of developing countries

PARTICIPANT INFORMATION

Title: _____ Full Name: _____

Name to appear on name tag: _____

Organization / Institution: _____
(If applicable)

Job Title: _____

Address: _____

City/Town: _____ Postal Code: _____ Country: _____

Email: _____ Telephone: _____ Fax: _____

Please tick if you will be participating in either of the following: (Costs *included* in fees)

Evening Reception on Monday 14 September Visit to a Children's Hospice on Wed 16 September

Please specify any special dietary requirements: _____

PAYMENT INFORMATION

Full registration fees to be paid in South African Rands (ZAR) and wired, deposited or transferred into the bank account listed below. Registration will be confirmed once the fees are paid in full.

OPTION 1 *Direct deposit, EFT*

Bank: Standard Bank
 Bank Address: Howard Centre, Pinelands, Cape Town, South Africa
 Branch: Pinelands
 Branch Code: 03 6309
 Beneficiary: Hospice Palliative Care Association of SA (CHI)
 Current Account No: 271190264
 Swift Code: SBZA ZA JJ
 Reference Information: Registrant's first and last name, CHI Conference Registration

OPTION 2 *Credit Card Payment*

Mastercard Visa American Express

Credit Card Holder's Name as it appears on the card: _____

Credit Card Number: _____

Card Expiry Date (MM/YY): ____ / ____ RVN:(last 3 digits found on reverse of card) _____ Amount to be debited: ZA R _____

Billing Address: _____

Country: _____

Contact number: _____ Email: _____

I hereby authorise the Hospice Palliative Care Association of SA to charge to my Credit Card the amount of ZA R _____

Signed: _____ Date: _____

Cancellation Policy: Cancellations must be requested in writing and emailed to annanda@hpca.co.za or faxed to +27(0)865807835 by Friday 14 August 2009. No phone call cancellations will be accepted. An administration fee of 25% will be levied on all refunds and returns will be paid out after the conference.

NO REFUNDS AFTER 14 AUGUST 2009

All costs relating to transfers or currency exchange to be for the registrant's account.