



## REGISTRATION FORM Page 2

# IFHA – 4<sup>th</sup> African Scientific Meeting on Hypertension Kinshasa, Democratic Republic of Congo (DRC), 07-08 May 2010

Please complete clearly and in BLOCK CAPITALS

Last Name: ..... First Names: .....  
Prof/Dr/Mrs/Miss/Ms etc: ..... ☐ Male ☐ Female  
Speciality: ..... Grade: .....  
Work address: .....  
City: .....  
Post/Zip Code: ..... Country: .....  
\*Email: .....  
Business Tel. No: ..... Fax No: .....

*\*NB: It is important that you provide an e-mail address so that notification can be sent to you when the final details of the conference are available on the conference website*

Registration Fee	Please tick (✓) relevant box		Payment \$
<input type="checkbox"/> 50.00\$ US (Members) <input type="checkbox"/> 75.00\$ US (Non-members) <input type="checkbox"/> 25.00\$ US (Trainee/Student*)	<i>The \$50 registration does not cover accommodation. It covers 2 lunches (Friday and Saturday - 07&amp;08 May). Individuals may book accommodation directly from the website or Go to this website to book directly from the hotel</i> <b>HOW TO REGISTER</b> <i>Delegates can register ON-LINE for the conference, AND PAY using a secure credit card payment site. Note that On-site registration is only cash payment, either in Euros, \$ US, or Congolese franc (CDF)</i>  <i>* Students should attach a letter from their Head of Department/Supervisor confirming their status to the registration form</i>		
<b>Attendance and Social Events</b> <b>Please tick (✓) relevant boxes</b>	<b>ISH Teaching seminar, 05-06/05/2010</b>	<b>Friday, 07/05/2010</b>	<b>Saturday, 08/05/2010</b>
I will be attending the <b>Hypertension Teaching Seminar</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will be attending the <b>IFHA – 4<sup>th</sup> African Scientific Meeting on Hypertension.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will attend the Welcome Reception on <b>Friday, 07/05/2010</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will attend the Conference closing Dinner on <b>Saturday, 08/05/2010</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will require single (or double) accommodation on:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please indicate any special requirements:</b>			
<input type="checkbox"/> <b>Vegetarian</b> <input type="checkbox"/> <b>Other (Please state foods that you are unable to eat).....</b>			
<input type="checkbox"/> <b>Access Needs:</b> (Please specify, e.g. wheelchair user, mobility difficulties, hearing impaired etc).....			



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Name of delegate: \_\_\_\_\_

(Please enter your name again here, to avoid confusion in the event of pages 1 and 2 becoming separated in a faxed transmission - thank you)

Payment Details	Please tick (✓) relevant box below All payments to be in Euros Registrations will not be accepted without payment Please fully complete - all sections are essential in order to process payment
<input type="checkbox"/> By Cheque/ Bank transfer	Payable to : ADF-IFHA (Clermont -00744, France) IBAN: FR76 3000 3007 4400 0508 0412 192 BIC/SWIFT: SOGEFRPP
<input type="checkbox"/> Please deduct the total sum due from:	<div>Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card</div> <div>No: _____</div> <div>Card Security Code (last 3 digits of code on the back of the card): _____</div> <div>Expiry Date: _____</div> <div>Cardholder's Signature: _____</div> <div><i>Please note credit card payments are subject to an additional charge (MasterCard &amp; Visa: 2.95%) Name and address (including postcode) of the cardholder:</i> _____ _____ _____ _____ _____</div>
By returning the completed registration form you are confirming agreement for your name and town being listed on the participants list, to your e-mail address being used by the Secretariat and to the terms and conditions of the meeting including cancellation policies on the preceding pages	

Please return to:

IFHA, International Secretariat,  
ULB – ERASME HOSPITAL,  
808 Lennik road, 1070 Brussels.  
Contact: Dr Daniel Lemogoum

For early processing send a scanned copy to Professor JR M'Buyamba-Kabangu ([jerembu@yahoo.fr](mailto:jerembu@yahoo.fr))

Copy to General Secretary Office ([dsg@ifha-online.org](mailto:dsg@ifha-online.org); [sg@ifha-online.org](mailto:sg@ifha-online.org)); but you must send hard copy to above indicated address, mandatory.