

REGISTRATION & ACCOMMODATION BOOKING FORM Page 1

IFHA – 3rd African Scientific Meeting on Hypertension Abuja, Nigeria, 25-26 September 2009, Sheraton Hotel, Abuja

Please complete clearly and in BLOCK CAPITALS

Last Name: First Names:
 Prof/Dr/Mrs/Miss/Ms etc: ☐ Male ☐ Female
 Speciality: Grade:
 Workaddress:
 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"/> 50.00\$ US (Non-members) <input type="checkbox"/> 25.00\$ US (Trainee/Student*)	<i>Payment includes: access to all scientific sessions and social events, conference materials, accommodation for two nights (single occupancy) in Queens' College, all meals and VAT.</i> <i>* Students should attach a letter from their Head of Department/Supervisor confirming their status to the registration form</i>		
Attendance and Social Events	Thursday Sept 24	Friday Sept 25	Saturday 26th Sept 09
Please tick (☑) relevant boxes			
I will be attending the third Hypertension Teaching Seminar in Africa , to be held in Abuja, Nigeria, from 24th – 25th September 2009 organized by the International Society of Hypertension (ISH) Low and Middle Income Countries Committee.	<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 IFHA – 3rd African Scientific Meeting on Hypertension . Sheraton Hotel, Abuja, Nigeria, 25-26 September 2009 .	<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 and Dinner on Thursday 24th September 2009	<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 Musical Recital (places are limited) on Friday 25th September 2009	<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 Dinner on Saturday 26th September 2009	<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
Please indicate any special requirements:			
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (Please state foods that you are unable to eat) <input type="checkbox"/> Access Needs: (Please specify, e.g. wheelchair user, mobility difficulties, hearing impaired etc).....			

IFHA – 3rd African Scientific Meeting on Hypertension

REGISTRATION FORM Page 2

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 Draft	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 style="display: flex; justify-content: space-between;"> Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card </div> <div style="margin-top: 5px;"> No: _____ Card Security Code (last 3 digits of code on the back of the card): _____ Expiry Date: _____ Cardholder's Signature: _____ </div> <div style="margin-top: 10px;"> <i>Please note credit card payments are subject to an additional charge (MasterCard & Visa: 2.95%)</i> Name and address (including postcode) of the cardholder: _____ _____ _____ _____ _____ </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 B. Onwubere (bjconwub@yahoo.com) Copy to Dr Daniel Lemogoum (dlems@hotmail.com; ifha.board@gmail.com ; but you must send hard copy to above indicated address, mandatory.