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| **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*

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| **Registration Fee** | ***Please tick (***☑***) relevant box*** | | **Payment $** |
|  50.00$ US (Members)   50.00$ US (Non-members)     25.00$ US (Trainee/Student\*) | *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.*  *\* Students should attach a letter from their Head of Department/Supervisor confirming their status to the registration form* | |  |
| **Attendance and Social Events**  **Please tick (**☑**) relevant boxes** | ***Thursday Sept 24*** | ***Friday***  ***Sept 25*** | ***Saturday 26th Sept 09*** |
| 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. | Yes  No | Yes   No | Yes   No |
| I will be attending the **IFHA – 3rd African Scientific Meeting on Hypertension.** Sheraton Hotel, Abuja, Nigeria, **25-26 September 2009.** | Yes  No | Yes   No | Yes   No |
| I will attend the Welcome Reception and Dinner on Thursday 24th September 2009 | Yes  No | Yes   No | Yes   No |
| I will attend the Musical Recital (places are limited) on Friday 25th September 2009 | Yes  No | Yes   No | Yes   No |
| I will attend the Conference Dinner on Saturday 26th September 2009 | Yes  No | Yes   No | Yes   No |
| I will require single (or double) accommodation on: | Yes  No | Yes   No | Yes   No |
| **Please indicate any special requirements:** | | | |
|  **Vegetarian**  **Other *(*Please state foods that you are unable to eat)………………………………..……………………**  **…………………………………………………………………………………………………………………………………………**   **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)

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| **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 |
|  **By Cheque/ Bank Draft** | Payable to :  **ADF-IFHA (Clermont -00744, France)**  IBAN: FR76 3000 3007 4400 0508 0412 192  BIC/SWIFT: SOGEFRPP |
|  **Please deduct the total sum due from:** | **Credit Card**:  MasterCard  Visa Card  No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Card Security Code (last 3 digits of code on the back of the card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_  Cardholder’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please note credit card payments are subject to an* ***additional charge*** *(MasterCard & Visa: 2.95%)* Name and address (including postcode) of the cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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](mailto:bjconwub@yahoo.com)) Copy to Dr Daniel Lemogoum ([dlems@hotmail.com](mailto:dlems@hotmail.com); [ifha.board@gmail.com](mailto:ifha.board@gmail.com) ; but you must send hard copy to above indicated address, mandatory.