



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: **Full Name:**

Organization:

Mailing Address:

City: **State/Province:** **Zip/Postal Code:**

Country: **Telephone:** -
Country code

Email: **Meal Preference:** Vegetarian Non-vegetarian
Please indicate

[B] REGISTRATION FEES

Please indicate your payment amount below by clicking and crossing "☒" the appropriate box below.

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	<input type="checkbox"/> 25,000	<input type="checkbox"/> 250	<input type="checkbox"/> 30,000	<input type="checkbox"/> 300	<input type="checkbox"/> 35,000	<input type="checkbox"/> 350
Non-registered Members	<input type="checkbox"/> 30,000	<input type="checkbox"/> 300	<input type="checkbox"/> 35,000	<input type="checkbox"/> 350	<input type="checkbox"/> 40,000	<input type="checkbox"/> 400

Note: Registration fees include 6 teas, 3 lunches, conference kit and dinner gala
(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	<input type="checkbox"/> 7,500	<input type="checkbox"/> 75
Twin/Sharing, Bed & Breakfast, per person	<input type="checkbox"/> 5,800	<input type="checkbox"/> 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 **1st July 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.

Mailing Address:

Mrs. Anne Lydia Kabimba Wawire
National Chair, Catholic Nurses Association of Kenya
P.O. Box 67872 – 00200
Nairobi, Kenya

Email : info@caritasnurseskenya.org or annekabimba@yahoo.com

Mobile : +254725411421

For further inquiries please contact:

Lucy Thang'a: +254722705784; wangu.thanga@gmail.com
Anne Kanyuga: +254722250095; akanyuga@gmail.com