***8th Cina-Africa Dialogue Conference Registration***

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| --- | --- | --- |
| **Delegate(s) Information** | **(1)** | **(2)** |
| **First Name:** |  |  |
| **Surname:** |  |  |
| **Job title:** |  |  |
| **ID/Passport Number:** |  |  |
| **Contact Number:** |  |  |
| **Email address:** |  |  |
| **Any Dietary Requirement:** |  |  |

**Billing Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation/delegate’s****family:** |  | **Contact:** |  |
| **Postal Address:** |  | **Tel:** |  |
| **Fax:** |  |
| **Email Address:** |  | **Signature:** |  |
| **Please issue us with:** | PROFORMA | FINAL INVOICE | **Other comment:** |  |

**Delegate Fee ( 3 days full attendance )**

|  |  |  |  |
| --- | --- | --- | --- |
| **CAWA-members** | **Non-members** | **Student** | **Family member** |
| USD 500 | USD 700  | USD 300 | USD 300 |

**Note: Companies of conference participants are not charged for registration fees.**

**Families and accompanies are welcomed, arrangements for attending the conference events will be sorted out on individual bases on site.**

I HEREWITH CONFIRM THAT I WILL ATTEND THE CONFERENCE AND HAVE OBTAINED THE RELEVANT APPROVAL FROM MY SUPERVISOR ORGANISATION. I ALSO CONFIRM THAT I HAVE AGREED TO THE TERMS AND CONDITIONS APPLIED BY CONFERENCE ORGANIZER.

**Delegate Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**