

**1ST AFRICAN CONGRESS ON
INFECTION PREVENTION CONTROL - 2009**

HOSTED BY INFECTION PREVENTION CONTROL AFRICAN NETWORK (IPCAN)

21 - 23 SEPTEMBER 2009

SPEKE RESORT KAMPALA



REGISTRATION FORM

**IPCAN 2009 Conference
21 – 23 September 2009**

Please complete and return BEFORE 28 July 2009 to:

ANNE-MARIE MOOLMAN, IPCAN 2009 CONFERENCE, P O BOX 19063, 7505 TYGERBERG, SOUTH AFRICA.

TEL: +27(0)83 783 9505 or FAX: +27(0)865708231 (please check the correct dialling code to SA) E-MAIL: IPCAN2009@GMAIL.CO.ZA

REGISTRATION DETAILS – PLEASE USE BLOCK LETTERS

Participant details

Place ✓ in appropriate box

Title **Prof** **Dr** **Mr** **Ms**

Initials & Surname _____

First name for badge _____

Accompanying person details

Place ✓ in appropriate box

Title **Prof** **Dr** **Mr** **Ms**

Initials & Surname _____

First name for badge _____

Organisation _____

Full Postal Address _____

City _____

Country _____ **ZIP Code** _____

Cell phone Number _____ **Fax number** _____

E-mail _____

IPCAN Number _____

CONFERENCE REGISTRATION FEES	EARLY	LATE	ON SITE	TOTAL
	Before 28 July 2009	After 28 July 2009 and before 4 September 2009)		
Delegate	US\$ 300	US\$ 350	US\$ 400 (cash preferred)	

Please indicate any food preference eg: Halaal, Vegetarian – NO Kosher _____

PAYMENT DETAILS

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Credit card – only available on-line

Transfer Preferred

Direct transfers will not be acknowledged without a faxed copy to fax no: +27 (0)865708231

Account details for electronic funds transfer (EFT)									
Bank Name & Address	ABSA Bank Ltd, 21 McIntyre Road, Parow, 7500, S.A	Swift Code	ABSAZAJJ	Branch code	502110	Account Name	IPCAN 2009	Account No	178806-USD-1057-01

I (above stated participant) herewith acknowledge that the information supplied is correct and authorise the aforementioned conference to process the credit card payment if applicable.

Signature _____ **Date** _____