

REGISTRATION FORM



To be duly filled per Delegate and return by email. Upon receipt of this form, you will receive an invoice, 100% of the amount must be paid to be registered. The signed form is a purchase order.

DELEGATE DETAILS

Mr/Mrs/Ms/Other:

Name:

First Name:

Position:

Organization:

Activity sector:

Address:

City:

Country:

E-mail:

Telephone:

Fax:

Username (LinkedIn):

REGISTRATION COST

Institutions :	241 US\$ / 229 EUR / 150 000 CFAF	<input type="text"/>	\$ <input type="radio"/>	€ <input type="radio"/>	CFAF <input type="radio"/>
Individuals :	121 US\$ / 114 EUR / 75 000 CFAF	<input type="text"/>	\$ <input type="radio"/>	€ <input type="radio"/>	CFAF <input type="radio"/>
Students :	56 US\$ / 53 EUR / 35 000 CFAF	<input type="text"/>	\$ <input type="radio"/>	€ <input type="radio"/>	CFAF <input type="radio"/>

NB: 10% discount for Group of more than 5 Delegates

INVOICING DETAILS

Company to be invoiced:

Contact for payment:

PAYMENT DETAILS

CREDIT CARD :

PLEASE DEBIT MY CREDIT CARD (complete following details). I agree to be charged an additional 3% applicable on credit card transactions.

Name on credit Card:

Credit Card N°:

Security code:

Expiry date: DD MM YYYY

Today's date: DD MM YYYY

BANK TRANSFER TO:

Prescriptor Pan-African PMC, Afriland First Bank, Agence Hyppodrome, Yaoundé, Cameroon

Account Number (IBAN): **CM21 10005 00001 00085041002 89**

SWIFT Code: **CCEICMCX**

Transfer purpose: (Indicate the invoice Number)

I hereby agree with the terms and conditions and cancellation policy of the Conference.

DATE: DD MM YYYY

VENUE:

SIGNATURE: