

CONFERENCE REGISTRATION FORM

Date: __ / __ / ____

This form allows you to register to attend the PACA 2019 Conference. Please print in block letters and keep a photocopy for your record. One form per person please.

Note that all prices quoted are in US dollars.

By completing this registration form you have read, understood and agreed to both cancellation policies and the privacy statement as stated on the form and on the website.

For further information regarding this registration please contact the Conference Organizers on:

Email: info@panafricancongressonautism.org

The **preferred method** of registration is **via the web** at: www.panafricancongressonautism.org otherwise, please complete this form.

Contact Details

Mr. / Ms. / Mrs. / Miss. / Dr. / Professor / Other (please specify): _____

Surname _____ First Name _____

Organization _____ Position _____

Address _____

Suburb/Town _____ State _____ Country _____ Zip/Postcode _____

Bus Telephone _____ Bus Fax _____ Mobile Telephone _____

Email: _____

Conference Registration (\$USD)

Registration Type	Early Bird	Regular
Professionals	<input type="checkbox"/> USD \$225	<input type="checkbox"/> USD \$250
Students	<input type="checkbox"/> USD \$150	<input type="checkbox"/> USD \$175
Parents	<input type="checkbox"/> USD\$180	<input type="checkbox"/> USD \$205
Adults with ASD	<input type="checkbox"/> USD\$180	
Daily rates <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input type="checkbox"/> USD \$100/day	
	TOTAL:	

To qualify for student registration, you must be a full time student at the time of the conference and be able to produce a valid student ID.

Pre-conference Workshops

Two all day workshops are available for extra fee. Both include Theory and hands on. Please pick only one. Space is limited.

Function	Ticket price	Guest names	Number of Tickets	Cost
Behavior Therapist Training	\$145.00			\$
Occupational /SensoryTherapy Training	\$145.00			\$

*** April 24th, 2019**** Preconference Workshops

Social Events

Inclusive Social Functions

Refer to the Social section at www.panafricancongressonautism.org for full details.

The following social function is included in the cost of the Conference registration fee. For catering purposes, please indicate if attending:

Welcome Reception Thursday, April 25th, 2019

Venue: Safari Park Hotel

I will be attending	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Additional Tickets

Please indicate if you would like to purchase tickets to have partners or guests attend.

Function	Ticket price	Guest names	Number of Tickets	Cost
Welcome Reception – Date:	\$45.00			

Dietary Requirements

Please indicate special dietary requirements that are not catered for in standard buffet selections.

Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Gluten Free <input type="checkbox"/>	Halal <input type="checkbox"/>	Orthodox Kosher <input type="checkbox"/>
Allergy to:				

Guest

Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Gluten Free <input type="checkbox"/>	Halal <input type="checkbox"/>	Orthodox Kosher <input type="checkbox"/>
Allergy to:				

Additional Social Functions

Refer to the Social section at www.panafricancongressonautism.org for full details.

The following social function is not included in the cost of the Conference registration fee.

Please indicate if you would like to purchase tickets for yourself and partners/ guests to attend.

After Conference Dinner & Dance (includes 3 course sit down dinner & entertainment)

April 27th, 2019

Venue:

No. of Tickets @ \$USD 50		Total Cost
Guests Names		

Dietary Requirements

Please indicate special dietary requirements that are not catered for in standard buffet selections.

Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Gluten Free <input type="checkbox"/>	Halal <input type="checkbox"/>	Orthodox Kosher <input type="checkbox"/>
Allergy to:				

Guest

Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Gluten Free <input type="checkbox"/>	Halal <input type="checkbox"/>	Orthodox Kosher <input type="checkbox"/>
Allergy to:				

Accommodation

The Conference Office has secured competitive rates at Safari Park and conveniently located hotels to provide a comfortable and enjoyable stay for delegates. Rooms can be booked directly with the hotel. After the stated booking deadline, bookings are subject to availability and conference rate will not be available.

Pan-African Congress on Autism Conference April 25-27, 2019, Nairobi, Kenya

Payment Summary

All payments must be made in US dollars only. Charges paid by credit card will appear as ' _____ on your credit card statement.

Please transfer all sub totals from the sections above and check your calculations carefully.

Conference Registration	USD\$
Additional Social Function Tickets	USD\$
Workshops	USD\$
GRAND TOTAL	USD\$

Method of Payment:

Cheque Bank Draft (Cheques/bank drafts payable in USD\$ to "Pan African Congress on Autism.

Credit Card: MasterCard Visa Diners Card AMEX

Cardholder's Name: _____ Expiry Date: ____ / ____

Card No.: _____

Signature: _____

*All amounts in this brochure are in US dollars (\$USD).

Privacy Statement

The Conference will collect and store information you provide in this Registration Form for the purposes of enabling us to register your attendance at the Conference, to assist with administrative and planning purposes and for future planning and development of the Conference and other events, to facilitate your requirements in relation to the Conference and to allow the compilation and analysis of statistics relevant to the Conference.

The information that you provide in the Registration form and information provided at any other time during the Conference, including without limitation any feedback obtained during the Conference, will be used by the Conference to offer, provide and continue to improve its Conferences and other services. The Conference may disclose some of the information that is collected in the Registration Form such as your name, Organization and its location and your email address to other Conference delegates and (unless you object in writing to us) to Conference sponsors and exhibitors for marketing purposes.

The Conference will not otherwise, without your consent, use or disclose your personal information for any purpose unless it would reasonably be expected that such purpose is related to the offer, provision and improvement of the Conference or where such purpose is permitted or required by law.

Cancellation Statement

Cancellations received in writing at the Conference Office by February 15th 2019 will be accepted and all fees refunded less an USD\$100 administrative fee. Cancellations received after this date cannot be accepted and will not be refunded, however transfer of your registration to another person is acceptable. The full name and details of the person that will replace you must be advised in writing to the Conference Office prior to the Conference. No refunds will be made for non-attendance at the Conference.

Please complete and return this form to:

Email: info@panafricancongressonautism.org