



From Crisis to Opportunity Swaziland HIV/AIDS Conference

12 - 14 July, 2016

Registration Form

<p>Title (Prof/Dr/Mr./Ms.) _____</p> <p>Full Name: _____ Designation: _____ Department: _____ Organization: _____ Complete Address: _____ _____ City : _____ Postal code _____ Country : _____ Telephone _____ Mobile: _____ Fax _____ E-mail _____</p> <p>Signature _____</p> <p>Date _____</p>	<p>International Delegates</p> <p>Passport #: _____ Issue Date: _____ Valid up to: _____ Issuing Country: _____ Citizenship: _____ Visa Required Yes No</p> <p>Payment Details</p> <p>Wire Transfer / No _____</p> <p>Amount US \$ _____</p> <p>Date of Transfer _____</p> <p>Proof of payment attached Yes • No•</p>						
<p>Registration Fee</p> <table><thead><tr><th>Delegate Type</th><th>Amount</th></tr></thead><tbody><tr><td>Local Delegates</td><td>SZL 350</td></tr><tr><td>International Delegates</td><td>US\$ 40</td></tr></tbody></table> <p>Bank Details Name of the Account Holder: NERCHA – ESCROW CURRENT ACCOUNT Beneficiary Account Number: 62060796243 Bank Name: First National Bank Swaziland Branch Code: 280164 SWIFT Code: FIRNSZMX – Reference: AIDS Conference (include delegate's name)</p> <p>Please do not make payment before an invoice has been sent</p>	Delegate Type	Amount	Local Delegates	SZL 350	International Delegates	US\$ 40	<p>Contact Details</p> <p>Please scan the completed form and send it to the email address below:</p> <p>Ms. Tengetile Dlamini</p> <p>Email: tengetile.dlamini@nercha.org.sz</p> <p>Phone: +268 24065000</p> <p>-----</p> <p>Please Note:</p> <ul style="list-style-type: none">• Registration fee is non-refundable.• Registration will be confirmed only if the form is duly completed and payment received in full.
Delegate Type	Amount						
Local Delegates	SZL 350						
International Delegates	US\$ 40						



Swaziland
AIDS Research Network

