



Group Registration Form

Please clearly complete this form in BLOCK CAPITALS and return it to:

NHARCON 2023 Registration Department
Email: enquiries-nharcon@ghanaid.gov.gh

From 10 delegates and above will attract a 10% discount

Fields marked with an * are enquired.

Group Focal Person Information

How would you like to attend this conference? * In-person Virtual

Company Details: ☐ also Billing Address

☐ Mr. ☐ Mrs. ☐ Miss. ☐ Dr. ☐ Ms. ☐ Rev. ☐ Gen. ☐ Prof. ☐ Others

Last Name*: _____ First Name*: _____

Institution / Company / Organisation*: _____

Department: _____

Street, No*: _____

Postal Code: _____ City*: _____ Country: _____

Telephone: Country Code: _____ City Code: _____ Number: _____

Mobile: Country Code: _____ City Code: _____ Number: _____

Fax: Country Code: _____ City Code: _____ Number: _____

Main Email*: _____

Alternative Email: _____

If you are an agency representing a company, please indicate the name of the company you are representing:

Registration Fees

The fees mentioned below are quoted in Ghana Cedis (GH¢) & US Dollars (USD) for local and foreign participants respectively. Registrations will only be processed once full payment has been received. A Delegate must be at least 18 years old.

	Early Registration Deadline	Late Registration Deadline
Delegate	until 24 th March 2022 (24.00 GMT)	until 9 th April 2023 (24.00 GMT)
Local Participants (Ghanaian)	_____ x GH¢ 350.00	_____ x GH¢ 400.00
Foreign Participants	_____ x 200.00 USD	_____ x 250.00 USD

Total Amount: _____ GH¢ / USD

Accompanying Person

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Fields marked with an * are required.

Person Information

☐ Mr. ☐ Mrs. ☐ Miss. ☐ Dr. ☐ Ms. ☐ Rev. ☐ Gen. ☐ Prof. ☐ Others

Last Name*: _____ First Name*: _____

Institution / Company / Organisation*: _____

Department: _____

Street, No*: _____

Postal Code: _____ City*: _____ Country: _____

Telephone: Country Code: _____ City Code: _____ Number: _____

Mobile: Country Code: _____ City Code: _____ Number: _____

Fax: Country Code: _____ City Code: _____ Number: _____

Accompanying Person of: _____ Participant Number: _____

Main Email*: _____

Alternative Email: _____

If you are an agency representing a company, please indicate the name of the company you are representing:

Registration Fees for accompanying person

NB: only one accompanying person is allowed.

The fees mentioned below are quoted in Ghana Cedis (GH¢) & US Dollars (USD) for local and foreign participants respectively. Registrations will only be processed once full payment has been received

Registration Deadline

Delegate

until 9th April 2023 (24.00 GMT)

Accompanying Persons (over18) Local (Ghanaian) ☐ GH¢ 200.00 Foreigners ☐ 250.00 USD

Accompanying Persons (under 18) Local (Ghanaian) ☐ GH¢ 200.00 Foreigners ☐ 250.00 USD

Payment

☐ I will transfer the total amount in Ghana Cedis as a Local (Ghanaian) or US Dollars as a Foreigner to the following account.

INTERNATIONAL PARTICIPANT BANK ACCOUNT DETAILS (USD)

Account Name:	GHANA AIDS COMMISSION UNC-CH-FGN
Bank Account Currency:	Dollar
Bank Account No. (enter with no punctuation, no dots, dashes or spaces):	2441001927391
Bank Name:	Ecobank Ghana Ltd
Bank Branch:	Head Office
Swift Code:	ECOCGHAC
Bank Code:	130101

Local Participants BANK ACCOUNT DETAILS (GHS)

Account Name:	Ghana AIDS Commission
Bank Account Currency:	Cedis
Bank Account No. (enter with no punctuation, no dots, dashes or spaces)	1441001927390
Bank Name:	Ecobank Ghana Ltd.
Bank Branch:	Head Office

Reference: Group Registration Number, Name, NHARCON 2023

All bank transfer costs must be paid by the transmitter.

1. After you have sent your group registration form to the NHARCON Registration Department, you will receive an email confirmation with your payment order as well as your group registration number.
2. Please use this group registration number as a cross reference when depositing the registration fee into the NHARCON account. Please include the bank transfer fees in the total transaction.
3. Please submit the original bank deposit slip immediately after the deposit to the NHARCON 2023 Secretariat Office, to the following address: enquiries-nharcon@ghanaims.gov.gh
4. Kindly note that the original bank deposit slip serves as a confirmation and will be cross-referenced with your registration.

Confirmation of Registration

- ☐ I have read and accepted the General Terms & Conditions, including liabilities, cancellation and payment policies, without any restrictions and I confirm the above bookings. (Mandatory)
- ☐ I agree that all data provided may be used (saved, stored, processed, transmitted and deleted) and shared with partners/suppliers in compliance with the Privacy Policy to allow for the bookings of my group members. Furthermore, the provided data for my group members may be shared with the host society or a sister society (medical society). I confirm that all group members have been informed about the privacy policy, and have agreed to its stipulations and procedures. (Mandatory)

By providing an individual email address for my group members I hereby confirm that they have agreed to receive promotions, offers, and/or information on this event or similar events by email in compliance with the privacy policy. They may unsubscribe from this service at any time. I confirm that all group members have been informed about the privacy policy, and have agreed to its stipulations and procedures.

- ☐ I agree
☐ I disagree

I agree that all contact data provided for my group members may be shared with sponsors and exhibitors of this event who may provide promotions, offers, and/or information by email. I confirm that all group members have been informed about the privacy policy, and have agreed to its stipulations and procedures.

- ☐ I agree
☐ I disagree

Place, Date

Signature