



## 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](mailto: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
<b>Delegate</b>	<b>until 24<sup>th</sup> March 2022 (24.00 GMT)</b>	<b>until 9<sup>th</sup> April 2023 (24.00 GMT)</b>
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

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

NHARCON 2023 Registration Department

Email: [enquiries-nharcon@ghanaisds.gov.gh](mailto:enquiries-nharcon@ghanaisds.gov.gh)

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 9<sup>th</sup> 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 would like to pay with a credit card.

(A separate link to do so will be sent to me upon receipt of this registration form. An additional handling fee of 3.5% applies to the total amount to be charged. This amount will be indicated on the invoice.)

I will transfer the total amount in US Dollars to the following account.

### International Participant BANK ACCOUNT DETAILS (USD)

Account Name:	Ghana AIDS Commission
Bank Account Currency:	Dollar
Bank Account No. (enter with no punctuation, no dots, dashes or spaces):	11134402477101
Bank Name:	Ecobank Ghana Ltd
Bank Branch:	Head Office
Swift Code:	ECOCGHAC

### 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](mailto: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