



**DELEGATE REGISTRATION FORM**

**NAME**

**SURNAME**

**INSTITUTION**

**POSITION**

**E-MAIL**

**TELEPHONE**

**COUNTRY**

**STATUS** (Tick one): (Delegates Registration Fee)

- WAICA: Member - US\$400.00
- WAICA Non Member: -US\$500.00

Registration fees will be collected at the conference venue.

HOTEL	ROOM TYPE	RATE PER NIGHT	CHOICE

**NB:** These are the **OFFICIAL** hotels for the event and it is only these that will have transportation to and from Conference venue.

**DATE OF ARRIVAL**

**DATE OF DEPARTURE**

**AIRLINE**

**DATE**

**SUBMIT**