**The 7th African RCE Conference**

A

**Lusaka, Zambia, 2nd – 4th August 2017**

**Form A: Registration Form**

Please complete this form and send it to [rceconference@unu.edu](mailto:rceconference@unu.edu) and r[celusaka@gmail.com](mailto:rcelusaka@gmail.com)

CHECK LIST: Which documents do you need to submit? Please tick where applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| A. | Do you need financial support to join the conference? | Yes  No | If yes, please submit “Form D1” or “Form D2 (for youth under 36 years old)” along this form. |
| B. | Do you wish to make case presentation? | Yes  No | If yes, please submit “Form B: Case Presentation Application Form” along with this form. |
| C. | Do you need visa to enter Zambia? | Yes  No | If yes, please submit “Form C: Visa Support Request Form” along with this form |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. Last name/ Surname |  | | | 2. First name |  | |
| 3. Middle name |  | | | 4. Title | Prof. Dr. Mr. Ms. Other ( ) | |
| 5. Gender | Male  Female | | | 6. Nationality |  | |
| 7. Name of Affiliation |  | | | | | |
| 8. Name of RCE |  | | | | | |
| 9. Postal Address |  | | | | | |
| 10. E-mail |  | | | | | |
| 11. Telephone (please include national and local code) | | |  | | | |
| 12. Fax (please include national and local code) | | |  | | | |
| 13. Do you have any specific dietary requirements? | | | Yes  No If yes, please specify: | | | |
| 14. Check-in date in Lusaka | | /Aug /2017 | 15. Check-out date in Lusaka | | | / Aug /2017 |

**[Important Information]**

* **Venue**: The 7thAfrica RCE Conference will be held at **Cresta Golfview Hotel in Lusaka.** The venue is approximately 16 kilo meters from Kenneth Kaunda International Airport along Great East Road. Transport from the Airport to the venue; by a taxi is about USD40. Cresta Golfview Hotel will also provide airport transfer services at ZMW 300 return per person (budget 30 USD).
* **Accommodation in Lusaka**: Room reservation should be made through Conference Secretariat. Accommodation fee with breakfast and lunch: USD 92 per person/ night. Reservation can be made for single rooms only.

**Cresta Golfview Hotel:** Plot 10247, Great East Road, Munali

Tel: +260 211 290770/290718

Fax: +260 211 292049

P.O. Box: 38929, Lusaka 10101

**Cancellation Policy:**

Cancellation after 30 or less days prior to the conference will be subject for penalty. Fourteen (14) to twenty nine (29) days prior to function date - a penalty of 25% of the full reservation cost. Seven (07) to thirteen (13) days prior to function date - A penalty of 50% of the full reservations cost Six (06) or less days prior to function date - A penalty of 100% of the full reservation cost

* **Registration Fees:** Free for all participants. However, accommodation, meals and travel arrangements are purely and individual affair.

**Registration deadline for fund support: Midnight, 25 June 2017**, Sunday (Central African Time).

\*Please make sure that all the information provided is correct before submitting this form to the secretariat. Incomplete or delayed application to the fund support may not be considered for selection.

**Registration deadline for participants NOT applying for fund support: Midnight, 16 July 2017**, Sunday (Central African Time).

**PLEASE SUBMIT THIS FORM TO:** [**rceconference@unu.edu**](mailto:rceconference@unu.edu) **and rcelusaka@gmail.com**

THANK YOU FOR YOUR REGISTRATION.