



**International Congregational Fellowship
Quadrennial Conference, 2017
Stellenbosch, South Africa
6-11th July 2017**

Registration Form

(A separate form should be completed for each person attending.)

Personal details:

Full name: _____ Gender: _____

Date of birth:

D	D	M	M	Y	Y
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 Nationality: _____

I am travelling as part of a group, our group name is: _____

Lead person for group booking is: _____

Name and location of your church: _____

Language spoken: _____ (English is the Primary language of the conference)

Passport number: _____ Issuing Country: _____

Name as it appears on passport: _____

Date of issue:

D	D	M	M	Y	Y
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 Expiration Date:

D	D	M	M	Y	Y
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Personal contact details:

Address: _____

Phone (including international & area code): _____

Email address: _____

Contact in case of Emergency:

Name: _____ Relationship to you: _____

Phone (including international & area code): _____

Other information about you:

Are you currently in full time/part time education? (Please circle)

If so, what do you study? _____

Are you currently in full time/part time employment or retired? (Please circle)

If employed, what is your occupation? _____

(over)

Medical Information:

Dietary needs (e.g. vegetarian, allergies, intolerances): _____

Are you taking any prescribed medication? Yes No

If yes, please give details: _____

Do you have any disabilities, or medication needs, that affect your everyday activities Yes No

If yes, please give details: _____

Other needs conference organisers should be aware of: _____

Date of last Tetanus immunisation: _____

Participants should check with their appropriate authority for recommended immunisations needed for traveling to South Africa.

Doctor's name: _____ Phone: _____

Insurance Company: _____

Policy number: _____ Group number (if applicable): _____

Travel plans:

ARRIVAL

Flight: _____ Airline: _____ Date of arrival: _____ Time: _____

DEPARTURE

Flight: _____ Airline: _____ Date of departure: _____ Time: _____

Transportation between airport and accommodation/conference venue is your responsibility to arrange.

Other travel plans surrounding Conference: _____

Housing Options:

Bed & Breakfast accommodation is available within walking distance of Stellenbosch University (the Conference Venue); please refer to the accommodation list. Other options are available, but may require transport to reach the conference venue. The University has student dorms/ hostel-like accommodation which you can book through this form, additional payment is required.

I will book my own accommodation elsewhere

I would like to be booked into the University Hostel Accommodation

Stellenbosch University Hostel Accommodation:

For those who choose to be booked into the University Accommodation the cost for one person for one night is: R440; £26; \$32.

Please mark the relevant nights you wish to stay in the University Accommodation (*is a night required for the duration of the conference):

Tues 4 th	<input type="checkbox"/>	Wed 5 th	<input type="checkbox"/>	*Thurs 6 th	<input type="checkbox"/>	*Fri 7 th	<input type="checkbox"/>	*Sat 8 th	<input type="checkbox"/>
*Sun 9 th	<input type="checkbox"/>	*Mon 10 th	<input type="checkbox"/>	Tues 11 th	<input type="checkbox"/>	Wed 12 th	<input type="checkbox"/>	Thurs 13 th	<input type="checkbox"/>

Are there any additional dates for which you require this accommodation?

Single Occupancy Double Occupancy (If double occupancy is available)

Roommate request: _____

University Accommodation Cost Total:

Total number of nights stay requested: _____ X (R440; £26; \$32) = _____

Conference Registration Fee (cost per person): R4250; £250; \$310

(Bookings made after March 31st 2017 cost: R4950, £300 and \$365) + _____

This fee is inclusive of all the conference programme costs including all conference materials, meals (5x lunch, 5x dinner), and planned excursions including Robben Island and Table Mountain.

TOTAL = _____

In the event of the organisers cancelling the Conference, the Conference Registration Fee will be reimbursed in full. This does NOT apply to all other expenses incurred by participants (e.g. flight and transport costs, accommodation). For these, participants should check their own travel insurance policies.

Permissions:

In an emergency, I give the appointed first aider, or their representative permission to authorise any urgent medical attention necessary if I am unable to do so myself. In the case of under 18s; until the emergency contact has been informed.

I **give/do not give*** ICF permission to take photographs which include me at this event and to use them in print or on a website to report or promote its programme. (* please circle)

We like to write and/or use e-mail to communicate with ICF participants between events with mailings such as newsletters and publicity for future opportunities. Addresses will be held securely by the appointed ICF executive member(s).

I give **permission/do not give permission*** for ICF to contact me directly.

Email address (if different to the above): _____

Signed: _____ Date: _____

For under 18s:

Parent/Guardian Signed: _____ Date: _____

(over)

Please return this form along with complete registration payment to:

FOR NORTH AMERICAN PARTICIPANTS ONLY, please send registration form plus full payment (cheques payable to "AMCO") to: AMCO/ICF 2017 Registrar, Larry Sommers, 438 Hilltop Drive, Madison, WI 53711-1212 Further inquiries: 608.238.7731, LarryFSommers@gmail.com

FOR UK PARTICIPANTS, please send registration form plus full payment (cheques payable to "International Congregational Fellowship") to: ICF Conference Bookings, Congregational Federation, 8 Castle Gate, Nottingham, NG1 7AS, United Kingdom or attach to an email and send to: admin@congregational.org.uk

FOR PARTICIPANTS FROM THE UNION OF WELSH INDEPENDENTS, please send registration form plus full payment (cheques payable to "International Congregational Fellowship") to: Cofrestru Cynhadledd Annibynwyr y Byd, Undeb yr Annibynwyr Cymraeg, Tŷ John Penri, 5 Axis Court, Parc Busnes Glanyrafon, Bro Abertawe, Abertawe, SA7 0AJ, or attach to an email and send to: nerys@annibynwyr.cymru

**REGISTRATION IS NOT FIRM
UNTIL FULL PAYMENT AND FORM ARE RECEIVED!**