



Africa Redemption International Conference

Date: 18th – 21th October 2016; Venue; UNAM Rundu Campus, Rundu, Namibia.

Conference Registration Form

<http://www.unam.edu.na/rundu-campus/africa-redemption-international-conference/>

ALTERNATIVELY – google UNAM ARIC 2016,

Complete form and send [in MS Word format] gkavei@unam.na ; latest by 30th September 2016

SECTION 1: CONTACT INFORMATION

TITLE:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof. <input type="checkbox"/> Other, specify:		
FIRST NAME:		SURNAME:	
ADDRESS:		PREFERED TELEPHONE NO:	
		ALTERNATIVE (if different)	
		FAX NUMBER	
TOWN/CITY:		CELL PHONE:	
POST CODE;		EMAIL ADDRESS:	
COUNTRY;		ALTERNATIVE EMAIL:	
FACULTY/DEPARTMENT/SCHOOL:			
NAME OF INSTITUTE			
RESEARCH INTERESTS (eg. Management, leadership,			
May we use you as a session chair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work as a reviewer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about this conference?	<input type="checkbox"/> Direct Email <input type="checkbox"/> Websites (Please Specify) : <input type="checkbox"/> Other (Please Specify) :		

SECTION 2: PAPER PRESENTATION

Are you presenting a paper or are you an observer?	<input type="checkbox"/> Presenting Paper <input type="checkbox"/> Observer	How many authors are involved in the authorship of the paper?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 or __
How many papers do you want to present?		Do you have a preference for paper presentation date?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes- which date: <input type="checkbox"/> <input type="checkbox"/>
May your paper be included in the online refereed conference proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes- Please choose what you would like to upload to the proceedings <input type="checkbox"/> Abstract <input type="checkbox"/> Full Paper		

SECTION 3: PAYMENT INFORMATION

If you are paying by credit card, please provide all the information required.

Code:	Description:	Amount:	R4500 see brochure
Credit Card <input type="checkbox"/> International Transfer <input type="checkbox"/> UNAM account details <input type="checkbox"/>			
Type of Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Pay to: UNAM	Pay to: University of Namibia: Account Name: University of Namibia Bank Name: First National Bank SWIFT Code: FIRNNANX Branch Code: 281872 Account Number: 55500057621 Reference: ARIC 2016 Fax Number: +264 61 206 3704/3121	
Name on Card:	Branch No	Email:	
Card Number:	Swift Code	gkavei@unam.na	
Expiry Date:	Bank Name:		
PLEASE NOTE: The Credit Card will be processed by	Address:		

Declaration: I agree that I cannot claim back the registration fee I paid under any circumstance.

SIGNED: (or write name here)	DATE:
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