

REGISTRATION FORM

Presidential Aids Initiative Field Meeting - PEPFAR (6-8 June 2004) USAID Africa State of Art Training & Field Meeting (9-12 June 2004) THE ROSEBANK HOTEL, JOHANNESBURG, SOUTH AFRICA

| | |
|--|--|
| Please return this form to the Professional Development and Management Support (PDMS) by email or fax: | <i>Secretariat use only</i> |
| Winifred Kpabar | Fax: (202)783-2767 Tel: (202)661-0354 E-mail: wkpabar@usaid.gov |
| | <i>Reg. No</i> |

PARTICIPANT ATTENDANCE INFORMATION (PLEASE RETURN ON OR BEFORE 01 MAY 2004 TO CONFIRM YOUR ATTENDANCE.) Please provide information as you wish it to appear on your badge and in the list of participants.

| | | | |
|----------------------------|--|--|--|
| Title: <u>Mr / Ms / Dr</u> | | Family Name / Surname | |
| Address: | | First Name | |
| | | Present Position | |
| State: | | Phone | |
| Country: | | Fax | |
| Code: | | E-mail address | |
| Are you a presenter | | Country of residence if different from mailing address | |

HIRE STATUS: (Check One)

| | | | | | | | |
|-------------------------------|------------------------------|------------------------------|---------------------------------|--------------------------------|-----------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> USDH | <input type="checkbox"/> FSN | <input type="checkbox"/> PSC | <input type="checkbox"/> Fellow | <input type="checkbox"/> TAACS | <input type="checkbox"/> CA | <input type="checkbox"/> CASU | <input type="checkbox"/> Other |
|-------------------------------|------------------------------|------------------------------|---------------------------------|--------------------------------|-----------------------------|-------------------------------|--------------------------------|

Organization STATUS: (Check One)

| | | | |
|--|---|-----------------------------|--------------------------------|
| <input type="checkbox"/> USAID Mission | <input type="checkbox"/> USAID Washington | <input type="checkbox"/> CA | <input type="checkbox"/> Other |
|--|---|-----------------------------|--------------------------------|

Special Dietary Requirements: (Check One)

| | | |
|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Halaal | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Other(please specify) |
|---------------------------------|-------------------------------------|--|

CONFERENCE FEE

A **COMPULSORY DAILY CONFERENCE FEE** will be charged to all participants at US\$20.00 per day to cover lunches & teas as this cost is included in the venue hire charge at the hotel. You should only attend the meetings to which you have been invited to participate in.

| MEETING (PLEASE INDICATE YOUR ATTENDANCE) | CONFERENCE FEE | ATTENDING YES/NO |
|--|--------------------------|------------------|
| 1. Presidential Aids Initiative Field Meeting (PEPFAR): 6 - 08 June 2004 | US\$ 60.00 | |
| 2. USAID Africa State of the Art Training & Field Meeting: 9 - 12 June 2004 (includes daily lunch and cocktail dinner on night of 9 June 2004) Closing Dinner/Cocktail on 11 June 2004 is an additional charge | US\$ 80.00 US\$ 37.00 | |

HOTEL RESERVATIONS & CONDITIONS (FOR YOUR OWN ACCOUNT)

Accommodation is assigned based on the information furnished on this form on a first-come first-serve basis. **Payment must be made in FULL ON ARRIVAL directly to the conference organizer by either credit card, cash, or travelers cheques.** Modifications or cancellations must be made in writing to Conference Call SA and **100% cancellation charge will be payable if your room is cancelled or the number of nights reduced 0-15 days prior to arrival. (This also applies to no-shows)** Please note that NO EXCEPTIONS WILL BE MADE in relation to this cancellation policy.

4 ** ROSEBANK HOTEL RATES (Special group rates)**

| Single Room inclusive of bed and breakfast | Sharing Room inclusive of bed and breakfast |
|--|---|
| US\$97.00 per person, single, per night | US\$60.00 per person sharing, per night (US\$120.00 for two guests per night) |

Please complete the details below to reserve your room

| | | | | | |
|--|---|--|------------|-------------------|----------------------------|
| Room Requirements (please tick) <input checked="" type="checkbox"/> | Number of Occupants | | Single Bed | Double Bed | If sharing room, with whom |
| Date of Arrival | June 2004 | | | Date of Departure | June 2004 |
| Smoking or Non smoking | Smoking / Non-smoking (Please indicate your preference) | | | | |

HOTEL PAYMENT METHOD

| | | | |
|--|---|---|--|
| Please indicate with a <input checked="" type="checkbox"/> | <input type="checkbox"/> Bank transfer by 21 May 2004 | <input type="checkbox"/> Credit card on arrival | <input type="checkbox"/> Cash on Arrival |
|--|---|---|--|

Emergency Contact Information – Please complete

| | |
|--------------|-------------|
| Relationship | Last Name |
| First Name | Address |
| City, State | Postal Code |
| Country | Telephone |

AIRPORT TRANSFERS (Special group rates) COST: US\$45.00 PER PERSON RETURN (Airport – Hotel – Airport) - RECOMMENDED

A welcome desk with the Conference Name will be situated at Johannesburg International Airport – INTERNATIONAL ARRIVALS HALL and you can request this service on arrival if you do not submit this information at the time of registration.

| Arrival Details – Please complete | | | Departure Details – Please complete | | |
|-----------------------------------|------------|---------------|-------------------------------------|------------|-----------------|
| Airline: | Flight No: | Arrival Time: | Airline: | Flight No: | Departure Time: |