REGIONAL AIDS TRAINING NETWORK (RATN)/ THE KIGALI HEALTH INSTITUTE (KHI) RWANDA
CONFERENCE REGISTRATION FORM

Conference Theme: HIV and AIDS Training and Capacity Building: Trends & Challenges
Date: 24th -25th June, 2009,
Venue: Kigali, Rwanda

Early Registration remains open till 1st May 2009

Conference Organizing Committee
Tel:- +254- 20-3871016/ 3872201/ 3871016
Fax:- +254-20-3872270
Email: conference@ratn.org
Contact Person: Carol Maringa **Email:** rcentre@ratn.org

Nairobi Business Park, off Ngong Road,
Unit C 1st floor
P.O. Box 16035, 00100 GPO, Nairobi, Kenya

1. Particulars of Applicant:-

Surname	
Title(Prof/Dr/Mr/Mrs/ Ms.)	**First Name**
Organization/ Institution	
Designation/ Position	
Postal Address	**Code**
City	
Country	
Telephone	
Fax	
Mobile	
Email	

2. Accommodation:

Would you wish that the organizers arrange for your accommodation in Kigali, Rwanda?

Yes ☐ No ☐ If, yes, please see conference announcement for listing of hotels and indicate which hotel should be booked for you.

……

Arrival Date:				**Departure Date:**			

3. Abstracts:

Are you presenting a paper? Yes ☐ No ☐ If yes, please indicate the title ……

Please note that submission of abstracts closes on **13th March 2009** and the final paper should be submitted to the Organizing committee before **4th May 2009.**

4. Registration:

Conference registration opened on: **26th January 2009** and Early Registration closes: **1st May 2009**

Registration fees:

International participants:	**USD 100**
Local participants i.e. based in Rwanda:	**USD 50**

Mode of Payment:

Cash on site:	
Bank Transfer:	

Cancellation policy:-
No refund will be made in case of cancellation after payment. (See details in Conference Information)

Date:			

Signature: _____