



BORAQS RCPD ZANZIBAR 2019
25/11/2019-1/12/2019

REGISTRATION/RESERVATION FORM

Name as per Passport.....

REG. NO:Passport No.....

Phone No. Office.....

Email Address:

I would like to participate in the upcoming Regional Continuous Professional Development (RCPD) trip to **Zanzibar** set to take place from **25th November, 2019 to 1st December, 2019** at **Verde Hotel**.

Conference Venue: Verde Hotel, Zanzibar

Conference Cost: USD 800.

Accommodation: Full Board is USD 185 per night on single room occupancy for 6 nights.

Return Air Ticket: USD 600 on KQ rates

Payment Deadline: 10th November, 2019

Terms and Conditions:

1. I acknowledge that I am ultimately responsible for my general security in the country we are touring.
2. I confirm that I will have a valid travel passport and yellow fever vaccination card during the travel and seminar period.
3. That I will attend all the training sessions in Zanzibar
4. Where the applicant has attended with family member/s, the applicant shall ensure all the bills incurred by the family member are fully settled. Accompanying family member shall not attend the training unless has paid conference fees.

Trip Cancellation Policy:

Time of Cancellation

20 – 30 Days to ICPD trip
 0 – 10 Days to ICPD trip

Cancellation fee

50% of the cost of the tour
 100% of the cost of the tour

N/B: Air Ticket costs are subject to availability. Any change or cancellation after the ticket is issued is subject to the cancellation policy set by the airline.

All payments to be made to;
 Account Name: BORAQS
 USD Account No. 02020031524900
 Branch: Hill Branch

Other Notes:

- Other hotels available for Accommodation are, **Zanzibar Beach Resort & Spa, Seacliff Zanzibar Beach Resort & Spa**. Participants are free to book their accommodation at their place of choice but are encouraged to be accommodated at the training venue.
- Participants are free to travel by other airlines
- Family members of the registered applicant may join the trip.

DETAILS OF ACCOMPANYING FAMILY MEMBERS

- Name as per the Passport:

- Passport No. _____

- Telephone No. _____

- Email _____

If you consent to the above sign below:

Signature: **Date:**

Attach copy of your Passport details page