GROUP

REGISTRATION FORM

Please fill out the information below for each person

attending using capital letters or type.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | 1. MAIN CONTACT PERSON   This will be the main contact for the group registration | | | | | Contact person name |  | | | | Contact person email |  | | | | Contact person telephone  (including dialling code) |  | Total amount of attendees |  | | (1)Note that there is a **special group registration fee** which enables you to send one free participant should your delegation register ten persons (full conference fee, excluding accompanying and youth). If you register 10 FULL FEE paying participants, the REGISTRATION FEE for the eleventh delegate is WAIVED. | | | | | | | | | | | | | | | | | | | | |
| 1. ORGANISATION DETAILS Please tick whichever is applicable | | | | | | | | | | | | | | | | |
| Is your organisation an **ICA Direct Member?** | | | | | | | | Yes  No | | | | | | | | |
| Name of the Organisation | | |  | | | | | | | | | | | | | |
| Acronym | | |  | | | | | | | | | | | | | |
| Name of the organisation to appear on your badge  (Max 25 characters) | | | | | |  | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | |
| City | |  | | | | | | | | | Postal Code | | |  | | |
| Country | |  | | | | | | | | | | | | | | |
| Telephone  (including dialling code) | | | |  | | | | | | Fax |  | | | | | |
| VAT number for invoice (if needed) | | | | |  | | | | | | | | | | | |
| ONE COPY PER ATTENDEE. You may make more **copies** of this page as needed.  **Attendee number**   1. **ATTENDEE DETAILS** Please tick whichever is applicable. | | | | | | | | | | | | | | | | |
| Title | Mr  Mrs  Ms  Other: | | | | | | | | | | | | | | | |
| FAMILY NAME (S)  (this field will appear on your badge) | | | | | | |  | | | | | | | | | |
| FIRST NAME(S)  (this field will appear on your badge) | | | | | | |  | | | | | | | | | |
| Job Title  (this field will appear on your badge) | | | | | | |  | | | | | | | | | |
| Direct email | | | | | | |  | | | | | | | | | |
| Working Language (for the conference)  (You may choose more than one) | | | | | | | | | English  French  Russian  Spanish | | | | | | | |
| In which language would you like to receive our information/notifications?  (Please tick only one option) | | | | | | | | | | | | English  French  Spanish | | | | |
|  | | | | | | | | | | | |  | | | | |
| 1. **REGISTRATION FEES** | | | | | | | | | | | | | | | |  |  | |
| The participant will attend the conference in the capacity of:  Please, tick only one **category.** These prices exclude accommodation. | | | | | | | | | | | | | | | | **Prices in**  **Swiss Francs** | |
| **ICA Member** (if you are attending on behalf of an ICA member organisation) | | | | | | | | | | | | | | | | | |
| from non-African countries | | | | | | | | | | | | | | | | **CHF 800** | |
| from African countries | | | | | | | | | | | | | | | | **CHF 600** | |
| **Non-Member** (if you are not affiliated to an ICA member organisation) | | | | | | | | | | | | | | | | | |
| from non-African countries | | | | | | | | | | | | | |  | | **CHF 1000** | |
| from African countries | | | | | | | | | | | | | |  | | **CHF 700** | |
| **Youth – under 30** (please attach copy of your passport) | | | | | | | | | | | | | |  | | **CHF 200** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Accompanying person (2)** (maximum 1 accompanying person per participant) | | | | |
| Title | Mr  Mrs  Ms  Other: | | **CHF 125** | |
| FAMILY NAME (S)  (this field will appear on your badge) |  | |
| FIRST NAME (S)  (this field will appear on your badge) |  | |
| **I will also participate in day 1 of the ICMIF conference (6 November 2013)(3)**  **(If you wish to attend the whole conference please visit** <http://www.icmif.org/capetown/register>) | | **CHF 450** | | |
| **I would like to take part in the Co-op visit** (2 November 2013)  (Amongst others: wine co-operatives, handicraft co-operatives, etc.) 4 departures per day, including a “quick meal” and the transportation (shuttle) The visits will take place at a venue where the wine co-operatives will exhibit their wines for tasting and for sale. | | | | **CHF 50** |

1. OTHER REQUESTS

|  |
| --- |
| Special Dietary Requirements (please specify)  Accessibility Requirements |

|  |  |  |
| --- | --- | --- |
| **TOTAL AMOUNT TO PAY FOR THIS PARTICIPANT** | | |
|  | **CHF** |

|  |  |
| --- | --- |
| 1. **AMOUNT TO DONATE** |  |
| **I would also like to make a donation to the ICA Africa Endowment Trust Fund of:**  CHF 20  CHF 50  CHF 100  Other CHF\_\_\_\_\_\_\_\_  I prefer not to donate  **Contributors to the initial capitalization of the Fund will be announced at the ICA Africa Regional Assembly. The investment earnings from this Fund will be used to secure the financial sustainability of the African Region.** | |

7) SPONSORSHIP OPPORTUNITIES

The ICA conference in Cape Town will attract up to 2,000 participants from over 80 countries worldwide. This will be an excellent opportunity to promote your organisation and institution. By becoming a sponsor you will demonstrate your dedication to the growth of the Co-operative movement and will also enhance your visibility at the conference.

Please send me a copy of the sponsorship brochure.

Note that this email/fax will be sent to the main contact email address.

1. PAYMENT METHODS

Once you have submitted your registration form you will be sent an invoice. You may check the terms and conditions of payment and registration on our website. **All registrations are subject to validation by the ICA. Please note that cheques are not accepted.**

You may make your payment by bank transfer or credit card. Please inform us which method you will use to make the payment.

Payment by bank transfer **(until 13th of October 2013)** to: Kindly issue a bank transfer to the bank listed below instructing them to make payment “**without charges to the beneficiary**”

**Beneficiary** INTERNATIONAL CO-OPERATIVE ALLIANCE

150 ROUTE DE FERNEY PO Box 2100

1211 GENEVA 2 - SWITZERLAND

**Name of Bank**  BANK COOP

**Address** 6-8, PLACE LONGEMALLE

CH-1211 GENEVA, SWITZERLAND

**IBAN** (Bank account number):

CH73 0844 0284 0434 5009 0

**Swift**: COOPCHBBXXX

**Subject:** Contact person surname (to help us to identify your payment)

Payment by credit card: Credit card payments are only possible by **Visa** or **MasterCard** and will incur a fee of 3%. Credit card payments by American Express are not possible.

If you would like to pay by credit card, please provide the following details to the ICA in a secure manner, such as by telephone or fax:

Type of card:  Visa  Master Card

Card number

|  |  |
| --- | --- |
| **REGISTRATION FEES** | **CHF** |
| **3% of charge fee**  **(Only applicable for payment by credit card.**  **Non applicable for donation)** | **CHF** |
| **DONATION** | **CHF** |
| **TOTAL AMOUNT TO PAY** | **CHF** |

Owner name

Expiration date

**[NOTES FOR REGISTRATION AND PAYMENT]**

**Registration fees**: The full registration fee includes the entrance fee for all meetings and events on the programme (unless otherwise specified), processing of registrations and registration materials, official documentation, and coffee breaks, lunches, Welcome Reception and Celebration of Co-operative Dinner from 3-5 November (in the designated ICA conference break and lunch areas only). Your fee doesn’t include accommodation costs. We reserve the right to charge an **administrative fee** (CHF 50) for changes you make to your individual or group booking.

**You are not registered until your full payment has been received by the ICA:** Registrations will only be valid once the payment has been completed.

(1) There is a **special group registration fee** which enables you to send one free participant should your delegation register ten participants (full conference fee, excluding accompanying delegate and youth delegate). If you register 10 FULL FEE paying participants, the REGISTRATION FEE for the eleventh delegate is WAIVED. If you register 20 participants, then you entitled to send two additional free participants. In order to take advantage of this reduction, you must register your whole delegation as a single group. After you register your group, you may make substitutions, amendments, additions but not cancellations. You will receive **one invoice for your entire group.** The ICA will not be able to provide separate invoices for each member of your group unless you register separately, in which case you would **no longer** be eligible for the group discount.

**(2) Accompanying** persons are entitled to participate only in the Welcome Reception and Celebration of Co-operative Dinner. Accompanying persons normally include spouses and partners and they must accompany a registrant. Accompanying persons are not permitted in any business session unless they complete the full registration.

The **youth registration** is only applicable for those under the age of 30 before 1 November 2013.

We welcome members of the **Press.** To apply for Media Accreditation please email [huckerby@ica.coop](mailto:huckerby@ica.coop). Press are invited to attend the Conference free of charge.

**Visa letter requests**: If you need to obtain a visa letter confirming your conference registration, we can provide a confirmation letter of your booking once you have registered for the conference and after your payment has been processed. Please fill out a visa letter request form for each delegate, which can be downloaded from the “Visas” section on the event website.

Tick this box if you need us to send you the visa letter request.

**Cancellations**: Group cancellations are not permitted. However, substitutions will be permitted. Individual cancellations received after 30 September will not be refunded.

**Accommodation: This is not your registration for the hotel accommodation.** If you need to book a room, please visit the “Hotel” section on the event website or contact MyPlanner at [ica@myplanner.co.za](mailto:ica@myplanner.co.za) or Telephone: +27 44 693 2157 or Fax: 0027 (0) 21 441 1537.

**(3) International Co-operative and Mutual Insurance Federation (ICMIF) Conference:** ICA Conference participants are invited to attend the first day of the ICMIF conference at a special daily rate. To take advantage of this offer, you must register for the ICA conference and tick the box to say that you also wish to attend day 1 (6th November) of the ICMIF conference. Your invoice for the ICA conference will include both fees, and you do not need to register separately with ICMIF. Do not tick the ICMIF box if you wish to attend the whole conference. If you wish to attend the entire ICMIF conference from 6-8 November, you must register and pay separately with ICMIF <http://www.icmif.org/capetown/register>.

|  |  |
| --- | --- |
| **I accept the terms for registration and payment.** | |
| **Date:** | **Signature:** |
|  |  |

Please return the form duly filled to:

**International Co-operative Alliance (ICA)**

**capetown2013@ica.coop**

**Tel. + 32 2 743 10 30**

**Fax + 32 2 743 10 39**