

REGISTRATION FORM

INTERNATIONAL SCHOOLS ASSOCIATION ANNUAL CONFERENCE 2006

7, 8, 10, 11 & 12 Of July 2006

PERSONAL DETAILS (Please use block letters. One form per active participant.)

School/ Organization: _____ Prof. Dr. Mr. Mrs. Ms

Last Name: _____ First Name: _____

Position _____

Address: _____

State/Province: _____ Post/Zip Code: _____

Country: _____ E-mail: _____

Phone: _____ Fax: _____

PARTNER / SPOUSE

School/ Organization: _____ Prof. Dr. Mr. Mrs. Ms

Last Name: _____ First Name: _____

(Partners/Spouses can participate in all programmes except the Board Meetings)

REGISTRATION DETAILS

REGISTRATION FEE (Main Participant) _____ USD 600

PARTNER/SPOUSE REGISTRATION _____ USD400

TOTAL PAYMENT _____

(The Participant fee includes lunches, breaks, conference dinner, boat trip, transportation during the conference and the Elmina weekend (7th and 8th July) but does not include hotel costs on 6th, 9th, 10th, 11th and 12th July)

PLEASE NOTE:

- CONFERENCE FEE: DEADLINES FOR REGISTRATION: 15th March 2006. Please register early! (\$50 discount for registration by February 10th 2006)
- Proof of Payment of the registration fee should be sent along with the Registration Form (please send Bank receipt)
- Payment should be made in Dollars, sending a wire transfer, to:
Beneficiary: SOS-HGIC ISA Account
Bank: Standard Chartered Bank (GH) Limited, P. O. Box 20, Tema, Ghana
Account Number: USD 870-02-212846-02
Swift Code: SCBLGHAC
By Order of: (Participants Name)
- Please return the Conference Registration Form, along with the receipt,

By mail to: _____ by fax to: _____ or by e-mail to: _____

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SOS-Hermann Gmeiner International College
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Tema
Ghana

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adomako_o@soshgic.edu.gh

Please arrange the hotel accommodation yourself in one of the hotels.

For more information about the conference please use the mail, fax or e-mail addresses above or call the Vice Principal +233-22- 202907/204267