



ROTARY INSTITUTE 2009

14th – 18th October 2009

Tel: +248 61 07 11 or +248 74 62 05 Fax: +248 37 34 70

Website: www.institute2009seychelles.sc Email: registration@institute2009seychelles.sc

REGISTRATION FORM

Surname: _____ First Name: _____ Badge Name: _____

Rotary Club: _____ District: _____ Classification: _____

Office Held: _____ Year: _____

Address: _____

Country: _____ Postal Code: _____

Phone No: _____ Fax No: _____ E-Mail: _____

Accompanied by: Mr. Ms Surname _____ First Name _____

Payment mode: Bank Transfer Credit Card

Charges Per Person in US \$	Date	Fees before 31 st March	Fees before 30 th June	Fee from 1 st July	No of Persons	TOTAL
A. GETS	14 th - 15 th Oct					
Rotarian		180	230	250		
Spouse		130	160	175		
B. Foundation Seminar	15 th Oct					
Rotarian		35	45	55		
Spouse						
C. Institute Seminar	16 th – 18 th Oct					
Rotarian		180	230	250		
Spouse		160	210	225		
D. Tropical Night	16 th Oct	50	55	60		
E. Galla Dinner	17 th Oct	50	55	60		
F. Transport ONLY (Includes airport transfer) if not registered for institute		70	80	90		
					TOTAL US\$	

FOOD PREFERENCE: Non vegetarian Vegetarian

Cancellation policy: All registration cancellation must be sent by email or by fax.

A fee of 50 US\$ will be charged to cover handling costs if the cancellation reaches us before 31st July 2009; a fee of 100 US\$ will be charged if the cancellation reaches us before 31st August 2009. Then after no refund will be made.

Confirmation of Registration: We shall send you back your registration form, either by fax or by email, with a registration number. This will take place when the payment has been processed successfully.

We confirm your registration. Please check details above and inform any inaccuracy.

Signed by a representative of the Rotary Club of Victoria: _____



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REGISTRATION PAYMENT INSTRUCTIONS

CONFERENCE BANK DETAILS FOR BANK TRANSFERS:

1. Mauritius Commercial Bank (MCB)

Account Detail: USD ACCOUNT

Account Number: 01713019000

IBAN Number: SC04 1871 9000 7101 7130 1900 076

Swift Code: MCBLSCSCXXX

Bank Name: THE MAURITIUS COMMERCIAL BANK (SEYCHELLES) LTD

Bank Address: CARAVELLE HOUSE

P.O.BOX 122

VICTORIA MAHE SEYCHELLES

Telephone: +248 - 284 555

Fax Number: + 248 -322676

2. Barclays Bank Seychelles

Name of the beneficiary: ROTARY INSTITUTE 2009

Account: Nr. 7634045

Currency: US Dollars

SWIFT Code: BARCSCSC

PLEASE NOTE:

- Payments must be received by the Fee Cut-off Date to enjoy the special pricing for early registration.
- Be sure to tell your bank to make a Net Remittance of the Total Amount you wish to Transfer.
- You need only print this page and provide it to your bank who will immediately understand what is required.
- Any shortfall in your remittance will be due upon registration in Victoria in CASH prior to receiving your Conference kit and joining the events.

PAYMENT BY CREDIT CARD:

- For Credit Card Payments please see the attached page which needs to be printed and completed then faxed to +248 37 34 70 or scanned and emailed to registration@institute2009seychelles.sc.
- Both sides of the Credit Card needs to be photocopied and faxed or better still scanned and emailed.
- Please note that for all Credit Card payments you are required to add 3% to the net amount you wish to pay in order to cover financial charges.



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CREDIT CARD PAYMENT FORM

Personal Details of Cardholder:

Surname: _____ First Name: _____

Postal Address: _____ Email: _____

_____ Fax: _____

_____ Telephone No: _____

Passport/ID No: _____ Country: _____

Instructions:

Please debit my Card Account: Visa MasterCard American Express

Number: _____ Expiry Date: _____

(Please attach a clear enlarged photocopy of both sides of your card)

Amount: _____ Security Number: _____

(The security number is the small 4 digit number used for Internet purchases that appears on the signature strip (VISA, MasterCard) or on the front of the card (AMEX).)

Customer Declaration

I warrant that the information given above is true, accurate and complete.

I authorize The Rotary Club of Victoria, Seychelles, to debit the above stated amount from my card account as payment for my registration for the Rotary Institute Seychelles 2009.

I confirm having understood the terms and conditions relative to the service provided by the Rotary Club of Victoria and shall not dispute the above referred transactions if charged to my account.

Signature: _____ Date: _____
