

VENUE: Harare International Conference Centre

INTERNATIONAL DELEGATES REGISTRATION FORM

Please use BLOCK CAPITAL Letters

Personal / Contact Details

Surname			
(Family Name)			
Mr./Ms./Dr./Prof./Engr.			
Other Name(s)			
Organization/Address			
Contact Address			
Nationality			Date of Birth
Passport No.		Contact Phone No	
Email			Vegetarian Non- Vegetarian
Attending As:	Full Delegate	WiLAT	Young Professional Corporate/Others
Please Tick			

Participate Fee & Package (Accommodation is not included in any of these packages)

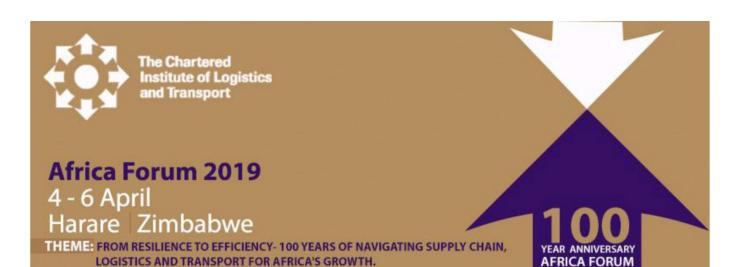
Category	Early Bird (Closes by 20/02/19)	Late Registration	
CILT Members			
	\$ 300.00	\$ 320.00	
Non- Members			
	\$ 320.00	\$ 350.00	
YP			
	\$ 200.00	\$ 250.00	

Optional Package



Hotel Booking

Rainbow Towers Option A		end your reservation to: reservations@rtg.co.zw Tel: +263242772633-9 e AFC2019 when making your reservation					
Room Types	Check –In Date	Check – Out Date	No. of Nights	Room Rate/ Per Night/USD	Total Amount		
Classic Room				\$ 100 / Single \$ 140 / Sharing			
Towers Kings Room				\$ 150 / Single \$ 180 / Sharing			
Executive Suite				\$ 350 / Single \$ 380 / Sharing			
Cresta Lodge Hotel Option B	Pls send your reser	vation to: reservation	ns@lodge.cresta.co.z	Tel: +26386441159	969		
Room Types	Check –In Date	Check – Out Date	No. of Nights	Room Rate/ Per Night/USD	Total Amount		
Double Occupancy				\$ 60 Breakfast \$ 50 No Breakfast			
Single Occupancy				\$ 85 Breakfast \$ 75 No Breakfast			
Island Guest Lodge Option C	Pls send your reser	vation to: <u>islandzim</u>	@gmail.com Tel: +2	638644207569			
Room Types	Check –In Date	Check – Out Date	No. of Nights	Room Rate/ Per Night/USD	Total Amount		
Standard				\$ 40			
Standard (ensuit)				\$ 60			
Executive				\$ 80			



METHOD OF PAYMENT

Bank Remittance/ Transfer
Cash

Payment should be made to: The Chartered Institute of Logistics and Transport

Account Name: The Chartered Institute of Logistics & Transport

Account Number (USD) 1125015977

Swift Code: CABSZWHA

Bank Name: CABS BANK

Account Holder Address: 26 Glenarah Avenue, South. Harare

Please scan and send the Delegate's Registration Form along with evidence of your remittance to: Email: cilthre@ciltzim.org.zw & newton.eminence@gmail.com

Contact us on.

Voip: +263 8677 168 607, Cell: +263 777 850 569, +263 784 166 296

Date: Signature: