REGISTRATION FORM

International Symposium in Johannesburg and Cape Town, South Africa

It is respectfully requested that each individual who will be traveling with our group please complete their own registration form.

Name of Registrant:_____

Name of person in shared accommodations, if applicable:_____

Name as you would like it to appear on name tag *(if different than above / nickname)*: _____

Title:_____

Academic Arts Unit:_____

Institution:_____

E-mail address: _____

Mobile number: _____

Registration:

- ☐ The program in **Johannesburg** and **Cape Town** is $3,950 per person, based on double occupancy through March 31, 2027. As of April 1, 2027, registration will be $4,200 per person, based on double occupancy.
- ☐ I will share overnight accommodations. The program in **Johannesburg** and **Cape Town** is $1,950 for a significant other, friend or colleague accompanying you with shared accommodations.
- ☐ I understand a deposit of $500 per person is due with this registration.

Dietary Restrictions – *Please check any that apply* ☐ Vegetarian ☐ Vegan ☐ Gluten free ☐ Food Allergies

Please specify any food allergies or make other notes _____

Please make your check payable to IC*f*AD and mail it to P.O. Box 331, West Palm Beach, FL 33402, or

Card Number (*MasterCard and Visa only, please*):_____

Expiration Date:_____ CCV Number: _____

Billing Zip Code: _____

For those who would like to use a different card for a second participant:

Card Number (*MasterCard and Visa only, please*):_____

Expiration Date:_____ CCV Number: _____

Billing Zip Code: _____

Questions? Please contact Alison Pruitt at (561) 514-0810 or alison@icfad.org

Cancellations are refundable through March 2027, subject to a $150 administrative processing fee.