



**ICR 2017 INTERNATIONAL
DESTINATION REFLEXOLOGY CONFERENCE**
19TH TO 22ND OCTOBER 2017
Taitung, TAIWAN

REGISTRATION FORM

Name:	Surname: (Mr/Mrs/Ms/Dr)
Postal Address:	Phone:
	Email:

SECTION 1: REGISTRATION FEE

Please mark your selection with an X (Prices are quoted in US Dollars)

The Conference fee includes:

- Thursday Trip to Father Josef's Organisation
- Thursday Welcome Function (snacks and welcome drink),
- Saturday Gala Dinner (meal and entertainment)
- Conference Transcript CD

Tour to Fr Josef's Organisation (Thursday, 19 th) (Booking must be done with registration, no late bookings will be accommodated due to transport arrangements)	I will be attending	I will not be attending		
Welcome Function (Thursday, 19 th)	I will be attending	I will not be attending		
Gala Dinner (Saturday, 22nd)	I will be attending	I will not be attending		

MEAL CHOICE: PLEASE SPECIFY	NON-VEGETARIAN	VEGETARIAN	OTHER:		
CONFERENCE FEE	EARLY BIRD (By June 30th, 2017)	REGULAR (July 01 st to October 05th, 2017)	BUDDY SPECIAL (By June 30 th , 2017)	DAY PACKAGE (Per Day)	
MEMBERS	\$495	\$529	\$445	\$244	
NON MEMBERS	\$529	\$559	\$479	\$252	

Note: The day package is quoted per day and is only applicable to the 20th or 21st. Not applicable to the 22nd.

To qualify for Buddy Special you need to book and pay for two delegates

Names of the two Delegates booking together:

TOTAL DUE FOR SECTION 1:

SECTION 2: OPTIONAL COSTS: Please mark your selection with a X

Welcome Function for Guests: \$30.00 per person (This is only if you are bringing guests)

Number of Guests: _____ Total Cost for Guests = _____

Guest Names(s): _____

SECTION 2: OPTIONAL COSTS: Continued... Please mark your selection with a X**Gala Dinner for Guests: \$65.00 per person** (This is only if you are bringing guests)

Number of Guests: _____ Total Cost for Guests = _____

Guest Names(s): _____

Conference Meals for Guests: \$65.00 per person (This is only if you are bringing guests)

Number of Guests: _____ Total Cost for Guests = _____

Guest Names(s): _____

Tour to Fr Josef's Organisation for Guests: \$10 per person (This is only if you are bringing a guest)

Number of Guests: _____ Total Cost for Guests = _____

Guest Names(s): _____

Conference Transcript – Hard Copy Member - \$25 Non member - \$30**Conference Photo CD** Member - \$15 Non member - \$30**Vendor Tables: Single Table - \$130**

Tables can be shared, but you will be responsible for full payment.

If applicable, please provide the name of the person sharing your table:

SUB TOTAL FOR SECTION 2:**TOTAL DUE FOR SECTION 1 AND 2:****Payment must accompany Registration Form** (Please select payment method)

International Money Order (in US Dollars) Cheque (payable to ICR, in US Dollars)

Paypal via ICR website (attach proof of payment) Credit Card

Name as printed on the card: _____

Credit Card Details: Card Number ____/____/____/____ Expiry Date: ____/____

Visa: _____ Mastercard: _____ Signature: _____

Email this form to: Liza Thomas, ICR Administration OfficeEmail: membership@icr-reflexology.org

Fax: +27 88 031 2060600

Or complete online at: www.icr-reflexology.org on the 2017 Conference Page**Cancellation Policy:** Requests may be received in writing – postmarked, emailed or faxed on or before August 31st, 2017. Telephone cancellations will not be eligible for a refund. A non-refundable processing fee of 15% of the total amount paid will be deducted from your refund. LATE CANCELLATION REQUESTS RECEIVED AFTER AUGUST 31ST, 2017 WILL NOT BE CONSIDERED FOR REFUNDS.**Liability:** The International Council of Reflexologists has taken all reasonable care in making the arrangements for this conference. However, should any unforeseen disruptions render the organisers unable to present the conference as scheduled, the organisers shall not be held responsible, nor can they be held responsible for any damages, and/or costs, whatsoever arising from any such alteration or cancellation. Possible unforeseen disruptions could include but are not limited to: political/labour unrest, disputes or strikes; fire; and/or any act of God or natural disaster. Delegates are responsible for their own arrangements with respect to personal insurance (travel, medical and all risks). **I have read and accept the Cancellation Policy and Liability Clause:****Signature:** _____ **Date:** _____