

REGISTRATION FORM FOR GLOBAL PRAYER SUMMIT
SUNDAY 13th – FRIDAY 18th OCTOBER 2019 DV

CLOSING DATE FOR REGISTRATION: 31st AUGUST 2019

FULL NAME:

HOME ADDRESS:

..... COUNTRY

MALE FEMALE PROFESSION

Mobile phone number (including code) Home phone

E-mail address

IF TRANSLATION IS REQUIRED, INTO WHICH LANGUAGE?

IF SPECIAL DIET IS REQUIRED, WHICH IS TO BE NOTED?

IS SINGLE ROOM PREFERRED AT AN EXTRA COST?

AGE GROUP: 20-30 / 30-40 / 40-50 / 50-65 / Over 65 (Please encircle)

ARRIVAL DATE: Flight details Time of arrival

DEPARTURE DATE Flight details Time of departure

TRANSPORT REQUIRED FROM AIRPORT? Yes/No

PAYMENT DETAILS: THE FULL AMOUNT OF RAND 5,500 (Five Thousand, Five hundred South African Rand) to be made by:

BANK TRANSFER and payable to:

Name of Account: HEALTHCARE CHRISTIAN FELLOWSHIP
INTERNATIONAL

Number of Account: 02 019 9325

Branch Code of Bank (IBAN) 01 – 24 – 42

SWIFT: SBZAZAJJ

Name and Address of Bank: STANDARD BANK, KELVIN STREET, ESTHER PARK,
KEMPTON PARK, SOUTH AFRICA

VERY IMPORTANT PLEASE FOR ALL WHO WISH TO REGISTER FOR THE G.P.S.

- Kindly complete this form and e-mail to: hoschris@iafrica.com
- For registration purposes please attach copy of bank transfer made to HCFI. It is imperative that the name of the remitter be clearly stated.