

REGISTRATION FORM

3rd SCDOGa Scientific Days on Sickle Cell Disease in Libreville-Gabon from July 4 to 6, 2024

INSTRUCTIONS

1- FILL OUT THE FORM 2- SAVE THE FORM 3- SEND THE FORM TO:

Scdoga.drepagabon@gmail.com

Pr.									
				_					
Surname Function		Name :Institution :							
Address of facturation : Residence Institution									
Address : City : Postal Code :									
Phone : E-mail :	Phone : Fax Machine :								
I will be accompanied Yes / No If Yes, enter the name of your companion :									
Accommodation									
 Hotel Hibiscus Boulevard**: Price 40.000, 50.000, 60.000 & 70.000 FCFA/night; Hotel Hibiscus Louis**: Standard A 45.000 FCFA/night; Standard Room A luxe 50.000FCFA/night; Standard B 50.000FCFA/night; Standard luxe B 55.000FCFA/night * Breakfast / Day /Person: 5.500 FCFA 									
Wednesday 03 Thursday 04 Friday 05 Saturday 06 Sunday 07 July 2024									
Other Hotel¹: 1: If you choose another hotel, please specify your choice									
i . II you c	Categories	Registration FEE (FCFA)	Registration FEE (FCFA) TOTAL in FCFA						
	-	, ,	TOTAL III FOFA						
	Pharmaceutical Laboratories	175.000 (267 euros) 30.000 (47 euros)							
	Participant Patient	10.000 (16 euros)							
	Compagnon	20.000 (70 euros)							
	Association	60.000 (92 euros)							
	Docteur	60.000 (92 euros)							
	Teacher	90.000 (138 euros)							
	Hotel								
	Student *	15.000 (23 euros)							
	Interns, Nurses, Paramedics*:	40.000 (61 euros)							
	* Attach proof_ Name/Signature of responsible person		Total :						
	videoconference communication	50.000 (75 euros)							



Meals and Gala		Fee	Total					
Lunch Wednesday 03 July	☐ Yes / ☐ No	15.000	0 FCFA					
Dinner Wednesday 03 July	Yes / No	15.000	0 FCFA					
Long de Thomas de co O.A. Lolle	□ V / □ N-	15.000	0 FCFA					
Lunch Thursday 04 July Dinner Thursday 04 July	Yes / No	15.000	0 FCFA					
Lunch Friday 05 July	Yes / No	15.000	0 FCFA					
Dinner Friday 05 July	Yes / No	20.000 15.000	0 FCFA 0 FCFA					
Lunch Saturday 06 July Lunch Sunday 07july	Yes / No	Not planned	Free time					
Lunch Sunday Offuly	Yes / No	Not planned	riee tille					
		Final Total	FCFA					
Dietary Restrictions								
Do you or your companion have any dietary restrictions?								
If Yes please indicate which ones:								
Dietary Restrictions (specify which	ch)							
Alcohol Restriction Yes / No								
Vegetarian / Vegan (please spec	ify) :	Yes / No						
Authorization								
Do you authorize the NGO SCDO		nments or your pho	oto?] No				
Group photographs are excluded		il address to the sp	ookore? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \] No				
Do you authorize the NGO SCDOGa to send your e-mail address to the speakers? Do you authorize the NGO SCDOGa to send your email address to exhibitors? Yes / No								
Do you authorize the NGO SCDOGa to send your email address to exhibitors? Yes / No Payment Method								
Registration will be pay by : F	Personal Check C	Check from the orga	anization / company	Transfer				
(See the RIB of NGO <i>DrépaZéroCytose Gabon</i>) Cash AirtelMoney (Phone : <i>074573607</i>)								
Checks should be made payable to the NGO Sickle Cell Disease Organization of Gabon and deposited upon								
Registration.								
The check can be made all at once or separately for registration and meals.								
An invoice will be given or sent to	you.	Camaallatia						
Registration entitles you to:		Cancellatio	n or substitution					
The congress bag, conferences a	and coffee breaks (from	No registrati	on can be canceled or re	funded. However.				
25,000 FCFA) another person may be designated at any time in pla								
Exhibitor visits		of a participant already registered.						
Please do not hesitate to contact us if you have any questions or comments. THANKS!								
Ticase do not hesitate to contact us il you have any questions of confinients. Thento:								
The Organizing Committee								



Bamboo

Your financial partner

BP: 16100 boulevard triumphal

Libreville Gabon

We are at your disposal for any assistance needs

Contact us

(+241)60 41 21 21 / 77 41 21 21

CUSTOMER IDENTITY STATEMENT AT BAMBOO

Account proof details

Generated on: 09/January 2024

ΕZ

To Whom It May Concern,

This letter confirms that the following XAF account details allow ONG SICKLE CELL DISEASE ORGANIZATION OF GABON to receive payments on its

INTERNAL RIB: BAMBOO customer account

Account type: CURRENT ACCOUNT

Account holder: NGO SICKLE CELL DISEASE ORGANIZATION OF GABON

RIB: 40021 24104 60059360301 57

Domiciliation: MOANDA AGENCE

Interbank RIB

Account type: legal entity current account

Account holder: BAMBOO P/C ... NGO SICKLE CELL DISEASE ORGANIZATION OF

RIB: 40021 01000 23055700201 24

Domiciliation: ORABANK

IBAN: GA21 4002 1010 0023 0557 0020 124

BIC ORBKGALI

SWIFT CODE ORBKGALIXXX