



## 4<sup>th</sup> OPEN AND DISTANCE LEARNING CONFERENCE

### CONFERENCE REGISTRATION FORM

23 - 25 OCTOBER 2019, **NUST Auditorium 1, Windhoek, Namibia**

**PLEASE NOTE:**

Fax or e-mail this registration form together with proof of payment to:  
Tel: +264 61 320 5308/14;  
E-mail: imalwa@namcol.edu.na

Also bring the original registration form and proof of payment to the conference for verification. The registration form should reach the Local Organizing Committee Secretariat on or before 30 September 2019.

|                      |                                      |
|----------------------|--------------------------------------|
| <b>BANK DETAILS</b>  |                                      |
| <b>Bank:</b>         | First National Bank                  |
| <b>Account Name:</b> | Namibian Open Learning Network Trust |
| <b>Account No:</b>   | 62028907832                          |
| <b>Branch Code:</b>  | 280678                               |
| <b>Swift Code:</b>   | FIRNNAX                              |

The Conference Fees are as follows (Mark appropriate box)

|                          |                           |              |
|--------------------------|---------------------------|--------------|
| <input type="checkbox"/> | Delegate (only attending) | ZAR/NAD 1200 |
| <input type="checkbox"/> | Delegate (presenting)     | ZAR/NAD 1000 |
| <input type="checkbox"/> | Student                   | ZAR/ND 250   |
| <input type="checkbox"/> | Pre-Conference            | ZAR/NAD 300  |

|                                 |
|---------------------------------|
| Surname                         |
| First Name(s)                   |
| Name for the badge              |
| Gender                          |
| Title (Prof., Dr. Mr., Mrs, Ms) |
| Country                         |
| Institution/Organization        |
| Position /Title                 |
| Telephone/Mobile No.            |
| Postal address                  |
| Fax                             |
| E-mail address                  |

In what capacity do you attend? (please tick in the appropriate box)

|                                   |                                  |  |  |
|-----------------------------------|----------------------------------|--|--|
| <input type="checkbox"/> Delegate | <input type="checkbox"/> Student | <input type="checkbox"/> Invited Speaker/Guest | <input type="checkbox"/> Organizing Committee member |
|-----------------------------------|----------------------------------|--|--|

Special dietary requirements (please tick in the appropriate box)

|                                     |                                  |                                  |                                      |
|-------------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> No Beef | <input type="checkbox"/> No Pork | <input type="checkbox"/> No Sea food |
|-------------------------------------|----------------------------------|----------------------------------|--------------------------------------|

Other (Specify):

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