



**16<sup>th</sup> International Hope Alive Counselors Association (IHACA)**  
**Conference and Annual General Meeting**  
***“Melding Belief and Behaviour”***  
**REGISTRATION FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **MOBILE PHONE:** \_\_\_\_\_

**DATE OF ARRIVAL:** \_\_\_\_\_ **TIME OF ARRIVAL:** \_\_\_\_\_

**Carrier and FLIGHT #:** \_\_\_\_\_

**DATE OF DEPARTURE :** \_\_\_\_\_ **TIME OF DEPARTURE:** \_\_\_\_\_

**Carrier and FLIGHT #:** \_\_\_\_\_

**Person To Contact**  
**In Case Of Emergency: Name** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Insurance Name and number:**

**Attached : Flight itinerary Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Other Info You Think we need to know about you : e.g. Allergies Etc**