



Paper Registration

African Registrants: Physicians: 45,000 Naira

Pharmacists/Nurses/Midwives/All Others: 35,000 Naira

Fax registration form to: (713) 645-5588) or email to info@acecancercareinc.org

Physicians(Africa):	Pharmacists/Midwives/Nurses/All Others:	
Name:		
Degree:		
Address:		
City:	State:	Zip Code:
Professional Affiliation:		
Phone #:		
Email Address:		
Nigerian/African participants: Naira payments to Ace Cancer Care Foundation, Diamond Bank. Acct#: 0109188127; Amount sent: _____		
Note: Confirmation letter will be sent to you within ten working days of receipt of your registration and payment.		

Refund and Cancellation Policy

The registration fee, minus administrative handling fee (25,000 Naira for physicians and 15,000 naira for all others) is refundable if a written request is received on or before June 30th, 2019. No refunds will be granted after that date. The request for a registration refund must include the tax identification number of the company or institution if registration was paid by a company or institution check.

ACCI reserves the right to cancel activities prior to the scheduled date, if low enrollment or other circumstances make it necessary. Each registrant will be notified by mail, e-mail, or the contact phone numbers as given on the registration form.

In case of activity cancellation, liability of ACCI is limited to the registration fee. ACCI will refund the full registration fee. ACCI reserves the right to limit the number of participants in a program and is not responsible for any expenses incurred by an individual whose registration is not confirmed and for whom space is not available.

Special Assistance

Contact ACCI at +1713-995-8000 or +2348062433778 for questions or special dietary needs or email us at info@acecancercareinc.org