

REGISTRATION FORM

International Symposium in Doha, Qatar
and optional additional cultural immersion experience in Abu Dhabi and Dubai, UAE
*It is respectfully requested that each individual or couple traveling together
please complete a separate registration form.*

Name of Registrant: _____

Name of Significant Other if accompanying you: _____

Name as you would like it to appear on name tag (*if different than above / nickname*): _____

Title: _____

Academic Arts Unit: _____

Institution: _____

E-mail address: _____

Mobile number: _____

- Early Birds Save!** The five-night, four-day program in **Doha** is \$1,600 per person, based on double occupancy, if registration is received before October 31, 2024. Please include a deposit of \$500.
- Early Birds Save!** The five-night, four-day program in **Abu Dhabi and Dubai** is an additional \$3,299 per person, based on double occupancy, if registration is received before October 31, 2024. Please check this box if you plan to participate.
- Early Birds Save!** The five-night, four-day program in Doha, based on **single occupancy**, is \$1,800 per person, if registration is received before October 31, 2024. Please include a deposit of \$500.

November 1, 2024 and after:

- The five-night, four-day program in **Doha** is \$1,900 per person, based on double occupancy. A deposit of \$500 per person is due with this registration.
- The five-night, four-day program in **Abu Dhabi and Dubai** is an additional \$3,499 per person, based on double occupancy. Please check this box if you plan to participate.
- The five-night, four-day program in Doha, based on **single occupancy**, is \$2,000 per person, if registration is received before October 31, 2024.

Dietary Restrictions – Please check any that apply Vegetarian Vegan Gluten free

Please specify any food allergies or make other notes _____

Please make your check payable to ICFAD and mail it to P.O. Box 331, West Palm Beach, FL 33402, or

Card Number: _____

Expiration Date: _____ CCV Number: _____

Billing Zip Code: _____

Which registrant(s) is this card for? _____

For those who would like to use a different card for a second participant:

Card Number: _____

Expiration Date: _____ CCV Number: _____

Billing Zip Code: _____

Which registrant(s) is this card for? _____

Questions? Please contact Alison Pruitt at (561) 514-0810 or alison@icfad.org

Cancellations are refundable through March 2025, subject to a \$150 administrative processing fee.