

6th Continental African Curriculum Association (ACA) Conference 2026

Conference Registration Form

Theme: *Transforming Education Systems in Africa: Curriculum Reforms, Teacher Preparation and Inclusive Innovation in the Age of AI and Emerging Technologies*

Venue: Julius Nyerere International Convention Centre, Dar es Salaam, Tanzania

Dates: 15th –18th September 2026

SECTION A: PERSONAL INFORMATION

1. Full Name (as it should appear on badge): _____

2. Title: Prof. Dr. Mr. Ms. Other: _____

3. Gender: Male Female

4. Nationality: _____

5. Country of Residence: _____

6. Institution/Organisation: _____

7. Position/Designation: _____

8. Email Address: _____

9. Phone Number (with country code): _____

SECTION B: PARTICIPATION CATEGORY

Please select your category:

Student / Online Participant (USD 50)

ACA Member / Subscriber (USD 150)

Local Participant (USD 200)

International Participant (USD 250)

For Early Registration

Student / Online Participant (USD 40)

ACA Member / Subscriber (USD 140)

Local Participant (USD 190)

International Participant (USD 240)

SECTION C: PRESENTATION DETAILS (if applicable)

1. Are you presenting a paper? Yes No
2. Title of Paper/Abstract: _____
3. Sub-theme (select one):
 - Curriculum Reform
 - Policy and Practice
 - Teacher Preparation
 - Inclusive Education
 - AI and Emerging Technologies
 - Governance and Management
 - Assessment and Feedback
4. Presentation Type:
 - Oral Poster Symposium
5. Co-authors (if any): _____

SECTION D: SPECIAL REQUIREMENTS

1. Dietary Requirements: _____
2. Accessibility Needs (if any): _____
3. Language Preference: English French

SECTION E: TRAVEL AND ACCOMMODATION

1. Will you require assistance with accommodation? Yes No
2. Expected Date of Arrival: _____
3. Expected Date of Departure: _____
4. Airport Pickup Required: Yes No

SECTION F: PAYMENT DETAILS

Conference Fee: USD _____

Bank Details for Payment:

- **Account Name:** African Curriculum Association
- **Account Number:** 8702886317800

- **Bank Name:** Standard Chartered Bank Uganda Limited

- **SWIFT/BIC Code:** SCBLUGKA

- **Currency:** USD

Payment Method:

Bank Transfer Other: _____

Transaction Reference Number: _____

Proof of payment must be sent to: conference@tie.go.tz / info@acuass.org

SECTION G: CONSENT AND DECLARATION

- I confirm that the information provided is accurate.
- I agree to comply with conference requirements and guidelines.
- I consent to the use of my information for conference communication and documentation purposes.

Signature: _____

Date: _____