

DELEGATE REGISTRATION FORM

Please complete information below. FILL IN CAPITAL LETTERS.

The name and title you give here will be printed on your badge and the participants' list.

COMPANY INFORMATION

Company Name	<input type="text"/>		
Address	<input type="text"/>		
Postal / Zip Code	<input type="text"/>	City	<input type="text"/>
Country	<input type="text"/>		
CEO / MD Name	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>

1. DELEGATE INFORMATION

Full Name	<input type="text"/>		
Title	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Eng. <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs	
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>
Nationality	<input type="text"/>	National ID No. / Passport No.	<input type="text"/>

2. DELEGATE INFORMATION

Full Name	<input type="text"/>		
Title	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Eng. <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs	
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>
Nationality	<input type="text"/>	National ID No. / Passport No.	<input type="text"/>

DELEGATES REGISTRATION FORM PAGE 2

Please complete information below. **FILL IN CAPITAL LETTERS.**
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3. DELEGATE INFORMATION

Full Name

Title Prof. Dr. Eng. Other Mr. Ms Mrs

Telephone No. Mobile No.

Email Website

Nationality National ID No. / Passport No.

4. DELEGATE INFORMATION

Full Name

Title Prof. Dr. Eng. Other Mr. Ms Mrs

Telephone No. Mobile No.

Email Website

Nationality National ID No. / Passport No.

**Please provide details of additional delegates separately with this booking form.*

DELEGATE FEE

The Kenyan delegate fee is Ksh 23,200 or International Delegate is USD 220 (inclusive of VAT) per delegate for two days. This payment caters for:

- Early morning tea/coffee, orange juice and assorted pastries.
- Mid-morning and afternoon tea/coffee with assorted pastries and mini sandwiches.
- Buffet lunch at Larder restaurant.
- 12 liter mineral water per person in the morning and 12 liter mineral water per person afternoon.
- Writing pads and pens.
- Certificate of attendance.
- CPD points where applicable

ACCOUNT DETAILS

Cheques are payable to:
STANDOUT VENTURES EAST AFRICA LTD
 Payment to be made by bank transfer to the account details:
 Account Name: **STANDOUT VENTURES EAST AFRICA LTD**
 Account No: **1004469255**
 Bank: **NIC Bank**
 Branch: **Kenyatta Avenue**
 Bank Code: **041**
 Branch Code: **125**
 Swift Code: **NINCKENA**
 *Kindly forward to us the remittance advice in case of bank transfer.

Date: _____/_____/_____ Signature:_____

For further inquiries, information and details, contact us on;

Send filled form to arnold@standoutventures.co.ke and copy info@pharmacompliance.co.ke. For any further clarification call Arnold on 0722477277, 0780477277.