

7th IPNET –KENYA Conference 2018

GREEN HILLS HOTEL, NYERI

REGISTRATION FORM
27TH TO 30TH NOVEMBER 2018,

Title: Prof. Dr. Mr. Mrs. Ms.

Name: _____

Country of residence: _____

Organization/Hospital: _____

Office Location: _____

Postal Address: _____

Mobile No.: _____

E-mail: _____

CONFERENCE REGISTRATION FEES

	Early	Late	onsite
Members	KES 9,000	KES 10,500	KES 10,500
Non-members	KES 10,500	KES 12,500	KES 12,500
students (PRE SERVICE)	KES 5000	KES 6,000	KES 6,000
International	200USD	300USD	300USD
Others (invited speakers, committee members, sponsors)	N/A	N/A	N/A

AMOUNT includes conference facilities, stationery and meals: lunch and two teas per day

Please indicate any meal preferences:

Halal Kosher Vegetarian Other please specify: _____

PAYMENT DETAILS:

Bank transfer Cash Cheque MPESA

MPESA instructions: Pay Bill Business number 625625, Account number 01037090061300, National Bank of Kenya.

Please provide the mobile number that made the MPESA payment:

ACCOUNT DETAILS:

Account Name:	Infection prevention network-Kenya (IPNET-Kenya)
Bank Name:	National Bank of Kenya
Branch:	Kenyatta National hospital
Account number:	01037090061300
Bank Code:	025
Branch Code:	12002
Swift Code:	NBKEKENX

Email completed registration form to ipnetkenya@gmail.com or deliver to the Kenya National Blood Transfusion Service HQ. Ground floor (KNH grounds).