



AFSTA CONGRESS 2010 REGISTRATION FORM

(Form to be sent to AFSTA Secretariat – Fax: +254 20 2727861;
Tel: +254 20 2727853/60 ; E-mail: afsta@afsta.org)

1- DELEGATE

(Mr/Mrs/Ms/Prof/Dr) Surname: First Name:
Nationality:
Preferred name on ID badge:
Position:
Company:
Postal address:
City: Country:
Tel: Fax: E-mail:

2- ACCOMPANYING PERSON

(Mr/Mrs/Ms/Prof/Dr) Surname: First Name:
(Mr/Mrs/Ms/Prof/Dr) Surname: First Name:

3- FLIGHT SCHEDULE – ARRIVAL/DEPARTURE

Date of arrival: Flight No: Time:
Date of departure: Flight No: Time:

4- DIETARY REQUIREMENTS

Please state your dietary requirements:

No restriction Vegetarian Halal Other (please specify).....

5- EXHIBITION SPACE

Unit of 3m x 2m at the cost of US\$800

Please indicate the number of booth of your choice as shown in the exhibition map:

TOTAL DUE:

<input type="checkbox"/> Congress registration fees	US\$.....
<input type="checkbox"/> Exhibition space	US\$.....
TOTAL	US\$.....

INSTRUCTIONS FOR PAYMENT

The **registration fees** and **exhibition space fees** are payable by bank transfer, banker's cheque (Personal Cheques are not accepted) or by credit cards **in US Dollars only**. **One night's accommodation deposit** will be required to secure a room at the various hotels. This is payable directly to the hotel.

Please note that you are required to pay all the bank charges while transferring the money to AFSTA Secretariat. **Any bank charges not paid during remittance of funds will be paid by the delegate during registration at the venue.**

1- By bank transfer to:

- **Bank:** Barclays Bank of Kenya, Moi Avenue Branch, Nairobi, Kenya
- **Account name:** AFSTA Events
- **Account number:** 7055480
- **Swift Code:** BARCKENX

2- By banker's cheque

- Name of the beneficiary: **AFSTA Events**
- To be sent by **registered mail** to AFSTA Secretariat at the following address by courier or registered mail: Ms Susan Miyengi, AFSTA Secretariat, P.O. Box 2428 – KNH, Nairobi, Kenya

3- By credit card

- The following credit cards are accepted: **VISA, AMERICAN EXPRESS AND MASTERCARD**
- Please fill the authorization form in on the next page

PAYMENT AUTHORIZATION

Amount to be charged on your credit card in US\$: _____

Credit Card Number: ____ / ____ / ____ / ____

Expiry Date: __ / ____

Credit Card Holder's:

Name: _____

Signature for authorization: _____

NB: PLEASE ALSO SEND A COPY OF BOTH SIDES OF YOUR CREDIT CARD AND A COPY OF YOUR PASSPORT TOGETHER WITH THIS SIGNED FORM FOR THE CREDIT CARD PAYMENT.

*(By Fax: +254 20 2727861 or **preferably** by E-mail in scanned electronic version to the following address: afsta@afsta.org)*