



**KENYA ASSOCIATION OF PHYSICIANS**  
**20<sup>TH</sup> ANNUAL SCIENTIFIC CONFERENCE**  
**DATE: 16<sup>TH</sup>-19<sup>TH</sup> MARCH 2015**  
**ELDORET, KENYA**

**CONFERENCE REGISTRATION FORM**

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

**Country of residence:** ..... **Organization/Hospital:** .....

**Postal Address:**

**Mobile No.:**..... **E-mail:**.....

**A. CONFERENCE REGISTRATION FEES**

GROUP	EARLY REGISTRATION	ONSITE REGISTRATION
International Delegates	<b>\$250</b>	<b>\$300</b>
Members	<b>KES 10,000</b>	<b>12,000</b>
Undergraduate students/registrars/nurses	<b>KES 6,000</b>	<b>KES 7,000</b>
Non members	<b>KES 12,000</b>	<b>KES 12,000</b>

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

**REGISTER EARLY AND PAY LESS!!!**

**B. ACCOMMODATION: ( bed and breakfast)**

HOTEL NAME	STANDARD ROOM( SINGLE)	DISTANCE FROM CONFERENCE VENUE	BOOKING CONTACT
<b>BOMA INN</b>	Ksh 11,500	Venue	Rosemary(MMS)0721307348 Or Dr C.Lusweti 0720978745
<b>Gracemont</b>	Ksh 6,000	3 minutes walk	
<b>Noble hotel</b>	Ksh 6,000	10 minute drive	

Please indicate any meal preferences: Halal  kosher  Vegetarian  other please specify

- **THE ABOVE HOTEL ROOMS HAVE BEEN SPECIALY RESERVED FOR KAP CONFERENCE ATENDEES.**
- **BOOK THROUGH CONFERENCE ORGANIZERS FOR ASSURED AND SECURE ACCOMODATION!!!**

(A)REGISTRATION	
(B) ACCOMMODATION	
TOTAL	KSH:

- **ALL PAYMENTS MADE PRIOR TO CONFERENCE DATES MUST BE THROUGH CONFERENCE ACCOUNTS.(Please carry evidence of payment/s)**
- **DURING THE CONFERENCE PAYMENTS CAN BE MADE IN CASH (AT REGISTRATION DESK) OR MPESA CONFERENCE ACCOUNT.**

**PAY THROUGH:**

<b><u>MPESA</u></b>	<b>or</b>	<b><u>BANK ACCOUNT</u></b>
Lipa na mpesa		Account name - Kenya association of physicians
Paybill		Acc type -
Business number -400200		Acc Number – 01134673683400
Account number - 01134673683400		Bank- Cooperative bank of Kenya( coop bank)
Amount xxxxx		