

Please enter your institution details in the fields below:

Name of Institution:

Country:

Email Address:

Phone Number:

Physical Address:

Please list names as you would like them to appear on accreditation badges.

How many institution representatives will participate in this asef event?

Details of the representatives:

Name:

Designation:

Contact Details:

Direct Phone Number:

Email:

Nationality:  Passport Number:

Extra representative details:

Extra representative details:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Designation: \_\_\_\_\_ Designation: \_\_\_\_\_

Contact Details: \_\_\_\_\_ Contact Details: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Participation fee for each extra delegate is \$1000 USD.

Please Select Your Preferred Package.

UGANDA

16<sup>TH</sup> - 17<sup>TH</sup> FEBRUARY 2018

Early Bird 10<sup>TH</sup> Dec 2017

Standard Rate

Participation + Space Fee: _____ \$2300 USD	Participation + Space Fee: _____ \$2600 USD
Extra Representative Fee: _____ \$1000 USD	Extra Representative Fee: _____ \$1000 USD

RWANDA

19<sup>TH</sup> - 20<sup>TH</sup> FEBRUARY 2018

Early Bird 10<sup>TH</sup> Dec 2017

Standard Rate

Participation + Space Fee: _____ \$2300 USD	Participation + Space Fee: _____ \$2600 USD
Extra Representative Fee: _____ \$1000 USD	Extra Representative Fee: _____ \$1000 USD

ZAMBIA22<sup>ND</sup> - 23<sup>RD</sup> FEBRUARY 2018Early Bird 10<sup>TH</sup> Dec 2017

Standard Rate

Participation + Space Fee: \_\_\_\_\_ \$2200 USD

Participation + Space Fee: \_\_\_\_\_ \$2500 USD

Extra Representative Fee: \_\_\_\_\_ \$1000 USD

Extra Representative Fee: \_\_\_\_\_ \$1000 USD

## Payment Details:

## Payment

Payments should be done in US Dollars by SWIFT or Telegraphic Bank Transfer.

Once we receive your registration form, an invoice will be emailed to you with payment details.

Space allocation will only be done after full payment is received.

Authorised By:

Full Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Stamp: \_\_\_\_\_

By filling and signing this form you confirm that you have read & agreed to ASEF events terms and conditions.

Please refer to the asef Terms & Conditions cancellation policy.

The terms and conditions can be downloaded at [www.asefevents.com/termsandconditions.html](http://www.asefevents.com/termsandconditions.html)

Please complete this form, scan and email it to [bookings@asefevents.com](mailto:bookings@asefevents.com)