

29TH WORLD CONGRESS OF BIOMEDICAL LABORATORY SCIENCE

The role of Biomedical Laboratory Science In Management of Global Health Burden with Emphasis on HIV/AIDS, TB & MALARIA

6-10 JUNE 2010 | KICC, NAIROBI, KENYA



Registration Form

KENYAN DELEGATES ONLY
one form per delegate

Mr. Mrs. Ms. Prof. Dr. Other

Please return before **May 21, 2010** to: Fax + 254 20 38 64 567 or congress@libertyafrica.com or mail to:

Last Name (please underline) / First Name, Initials

Job title / Position

Company / Organization / Firm

Department

WCBLS 2010
c/o Paragon Conventions
2A Convent Drive
Lavington
P. O. Box 40235-00100
Nairobi, Kenya
Tel: + 254 20 38 64 565/6

Street, No

P.O. Box

Postal Code / Zip Code

City

Country

State / County (where applicable)

Fax

Business phone No.

Mobile phone No.

E-mail @

Registration Fees	Until <u>March 22, 2010</u>	From <u>March 23, 2010</u> Until <u>May 21, 2010</u>	ONSITE	Amount
IFBLS Members	<input type="checkbox"/> KSh 38,000	<input type="checkbox"/> KSh 57,000	<input type="checkbox"/> KSh 60,800	_____
AKMLSO/FEAMLS Members	<input type="checkbox"/> KSh 22,800	<input type="checkbox"/> KSh 41,800	<input type="checkbox"/> KSh 45,600	_____
AKMLSO Paper Presenters	<input type="checkbox"/> KSh 19,000	<input type="checkbox"/> KSh 38,000	<input type="checkbox"/> KSh 41,800	_____
Students	<input type="checkbox"/> KSh 11,400	<input type="checkbox"/> KSh 22,800	<input type="checkbox"/> KSh 30,400	_____
NON-IFBLS Members	<input type="checkbox"/> KSh 57,000	<input type="checkbox"/> KSh 76,000	<input type="checkbox"/> KSh 83,600	_____
Accompanying Guests		<input type="checkbox"/> KSh 9,150		_____
Gala Dinner (optional)		<input type="checkbox"/> KSh 6,500		_____

Total Fees: Ksh _____

TRANSFERS	Number of pax	Price per Transfer	Date
Transfer Airport – Hotel (up to 3 pax)		<input type="checkbox"/> KSh 2,900	
Transfer Airport – Hotel (up to 6 pax)		<input type="checkbox"/> KSh 3,350	
Transfer Hotel - Airport (up to 3 pax)		<input type="checkbox"/> KSh 2,900	
Transfer Hotel - Airport (up to 6 pax)		<input type="checkbox"/> KSh 3,350	
Hotel Name & Address			
(1) Flight details, date, time & number			
(2) Flight details, date, time & number			

Total Fees: Ksh _____

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Registration Form cont. (Page 2 of 2)

LOCAL Delegates
one form per delegate

Check your preferred laboratory visit against the schedule below:
N/B Delegates can only visit one lab per afternoon.

LABORATORY VISITS *

Date** (Time 14:00 – 16:00)	Payment by Credit Card at the moment of reservation
Monday 07/06/2010	<input type="checkbox"/> KSh 1,450
Tuesday 08/06/2010	<input type="checkbox"/> KSh 1,450
Wednesday 09/06/2010	<input type="checkbox"/> KSh 1,450

* Will take place upon minimum number of participants.

** You will be assigned to which laboratory upon availability.

Total Fees: Ksh _____

The total amount will be paid as follows:

Bank Transfer: Account Currency: **KSh**; CHASE BANK (K) LTD. Account Name: LIBERTY AFRICA SAFARIS LTD - WCBL 2010, Branch: RIVERSIDE MEWS, Account no. 801007058, SWIFT Code: CKENKENA

Bank charges are the responsibility of the payee and should be paid at source in addition to the registration fees

Cancellation Policy

Refund of Registration Fees will be made upon receipt of a written notification by fax or e-mail only, as follows:

Until March 22, 2010 - refund less 10%

From March 23, 2010 to May 15th, 2010 - refund less 50%

After May 16th - no refund

Date: _____

Signature: _____