

**Veterinary Association of Zambia
Scientific Conference and Annual General Meeting
Registration Form**

CRESTA GOLFVIEW HOTEL, LUSAKA

25th- 27th APRIL 2018

Please write/type in block letters and return completed form with proof of full payment

Registration No: (e.g. D xxx/PP xxx)

Dr/Mr/Prof/Ms/Mrs/Other:
Surname *Initials* *First Name*

Organisation: Town: Province:

Work Address:

Residential Address:

Mobile 1: Mobile 2: Mobile 3:

E-mail 1: E-mail 2:

I wish to attend the Veterinary Conference and AGM and enclose payment for registration as indicated below (Please Tick appropriately)

PARTICIPATION FEE PAYMENT/DEADLINES

- | | | |
|--------------------------|---|---------|
| 1. EARLY BIRD | - by Wed, 28 th February 2018 | - K380 |
| 2. STANDARD FEE | - Thur, 1 st March to Sat, 31 st March 2018 | - K580 |
| 3. LATE REGISTRANT | - Sun, 1 st April to Fri, 20 th April 2018 | - K720 |
| 4. STUDENTS | - (Proof of student status to be attached) | - K20 |
| 5. SCIENTIFIC PRESENTERS | | - FREE |
| 6. OTHERS | - | - K1500 |

*****NOTE: No Payment Shall Be Accepted After Friday, 20th April 2018*****

BANK ACCOUNTS

a) Zambia National commercial Bank

Name: Veterinary Association of Zambia

Branch: Manda Hill

Account No: 1792-6784-00119

b) Indo Zambia Bank

Name: Veterinary Association of Zambia

Branch: Lusaka Main

Account No: 0011-0400-02324

For special requests, clarifications, Registration forms, Proof of full payment:

Contact: secretary@vaz.org.zm & treasurer@vaz.org.zm

Or Call: +260954170130; +260977811738; +260979047782

SIGNATURE:.....

Date:.....