

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

19TH - 20TH SEPTEMBER

Early Bird

Standard Rate

Participation + Space Fee: _____ \$2300 USD

Participation + Space Fee: _____ \$2600 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: _____ Desigantion: _____

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

Please complete this form, scan and
email it to bookings@asefevents.com