

Conference Registration Form



University of Nairobi

9TH BIENNIAL SCIENTIFIC CONFERENCE & EXHIBITION OF THE FACULTY OF VETERINARY MEDICINE (FVM)

3RD – 5TH SEPTEMBER, 2014
FACULTY OF VETERINARY MEDICINE, UPPER
KABETE CAMPUS

Full Name: _____ (Surname for badge) _____

Organization: _____

Preferred Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Telephone: (____) _____ Fax: (____) _____

Email: _____

Mode of Payment used: _____

1. **CONFERENCE REGISTRATION FEES** (Covers: Admission to the scientific sessions; conference documents; coffee/tea breaks and lunches and access to the exhibition area).

| CATEGORY | (EARLY) BEFORE 15 August, 2014 | (LATE) AFTER 15 August, 2014 |
|---------------|-------------------------------------|--------------------------------------|
| FVM Member | <input type="checkbox"/> Kshs.6,000 | <input type="checkbox"/> Kshs.8,000 |
| Nationals | <input type="checkbox"/> Kshs.8,000 | <input type="checkbox"/> Kshs.10,000 |
| International | <input type="checkbox"/> USD.150 | <input type="checkbox"/> USD.200 |
| FVM Students | <input type="checkbox"/> Kshs.4,000 | <input type="checkbox"/> Kshs.5,000 |

2. **PARTICIPATION DETAILS** (Check All That Apply)

- I would like to attend and present a paper at the conference. Please submit the abstract and title no later than **15th July 2014**.
- Title of Talk: _____
 - Name(s) of other contributors (if group): _____
 - Please send a brief Abstract (max 300 words) to dean_vet@uonbi.ac.ke
- I would like to attend the conference, but not present any paper
- I would like to participate in the poster presentation session.
- Poster Title: _____
 - Name(s) of other contributors (if group): _____
- I would like to exhibit our products and services: Name of Organization: _____

3. **CANCELLATIONS, CHANGES AND REFUNDS:** Fees for missed meals, late arrivals, and early departures will not be refunded. Fees will be refunded, less a USD30.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than 15th August, 2014. After that date, fees are non-refundable. All refunds will be processed after the conference. Substitutions are allowed at no charge.

4. **PAYMENT METHOD:** (1) Cash payments should be made to Deans Office, Faculty of Veterinary Medicine, Upper Kabete Campus. (2) Payments can be deposited to: University of Nairobi, Kenya Commercial Bank, Sarit Centre Branch, Account Number: 016200542060; Swift Code: KCBLKENX (3) Cheques can be made out to: University of Nairobi-CAVS and sent to the address given below (4) MPESA No. 0720375237.

Filled in registration forms and evidence of payment should be presented to the address given below:

Dean, Faculty of Veterinary Medicine
P.O. Box 29053-00625, Kangemi, Nairobi.
Tel: +254(20)2181370
Email: dean_vet@uonbi.ac.ke, <http://vet-medicine.uonbi.ac.ke>