



ZINQAP's Annual Scientific Conference (ZASCO)
17 – 18 May 2011

Our Conference:
"Quality of Care Through Laboratory Medicine"
Crowne Plaza Monomotapa Hotel, Harare
Zimbabwe

CONFERENCE REGISTRATION FORM

Full Name: _____ Title: _____

Organization: _____

Address: _____

City/Town: _____ Province: _____

Country: _____ Telephone: (_____) _____

Email: _____

CONFERENCE FEES

1. Registration Fees *(Includes reception, 2 lunches, breaks, and proceedings.)*

I will be attending this conference as Presenter Participant

PLEASE TICK APPROPRIATE REGISTRATION FEE:

Local Participants \$30.00

International Participants \$50.00

If you have received sponsorship please do not pay registration fee. However, you have to complete this registration form.

2. Hotel Accommodation

If you require any assistance with accommodation arrangements, please kindly contact us on the address below.

3. Guests Functions *(PLEASE TICK APPROPRIATE BOX)*

Cocktail Party – (Tuesday, 17 May 2011) Name: _____

Gala Dinner – (Wednesday, 18 May 2011) Name: _____

4. Payment Method *(PLEASE TICK APPROPRIATE BOX)*

Cash Bank Transfer/RTGS Telegraphic Transfer

Bank Details:

Account Name **ZINQAP TRUST**

Bank **KINGDOM BANK ZIMBABWE**

Branch **FIRST STREET**

Account Number **31-245648**

Swift Code **KFISZWHA**

Please return completed registration form with payment to:

Blessing Kamunda
Zimbabwe National Quality Assurance Programme (ZINQAP) Trust
Old Parirenyatwa Hospital Building
Box A1955
Avondale

Harare

Zimbabwe

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