|  |
| --- |
| **PERSONAL DETAILS** |
| Title (Mr, Mrs, Miss, Dr) |  |
| First Name |  |
| Surname |  |
| Gender |  |
| Nationality |  |
| Organisation |  |
| Designation |  |
| Specialisation |  |
| **CONTACT DETAILS** |
| Postal Address:  |  |
| Town |  |
| Country |  |
| Telephone |  |
| Email |  |
| **CONFERENCE REQUIREMENTS** |
| Are you a member of AMFIU, UCSCU, UCA? |  |
| Do you require hotel accomodation (No/Yes) if Yes specify dates |  |
| Do you have a specific diet? (Please specify) Vegetarian |  |
|  |  |

**Registration Fee:**

|  |  |  |
| --- | --- | --- |
| **Registration Designation** | **Fees Payable**  | **Tick** |
| Local Participants (Members of AMFIU, UCSCU, UCA) | UGX 150,000 |  |
| Other local participants | UGX 200,000 |  |
| EAC members states | $150 |  |
| **Rest of the world** | $200 |  |

The registration fee entitles you to access all conference sessions, meals, refreshments; and a delegate kit containing all conference materials.

Date:........................................................................................Signature:........................................................................................

**Notes Page**

**Registration fee Payment**

1. All payments should be made by Cheque, bank draft or Direct transfer to Account Name: Association of Microfinance Institutions of Uganda, Account number: 3100007865 Bank : Centenary Bank Ltd, SWIFT Code : CERBUGKA Branch : Najjanankumbi, Entebbe Road
2. Forward the cheque to AMFIU offices with a fully complete registration form
3. For further information regarding payments contact hmpindi@amfiu.org.ug

**ENJOY THE CONFERENCE**