

REGISTRATION FORM:

National Conference on Alcohol and Drug Abuse

Please enter required details			
Title	First Name	Last Name	Middle Name
Nationality		Sex	
Occupation:			
Country		City/Town	
Telephone:		Email:	
Conference Expectations:			

Directions:

1. Print out this document, fill in all fields, one form per attendee
2. Fax/Email the completed form to 020- 2721994 or conference@nacada.go.ke
3. Please note that registration is only complete upon receipt of payment. The bank slip can be emailed or faxed to the above address