



## I<sup>st</sup> KALRO Scientific Conference and Exhibition Registration Form

Prof./ Dr/Mrs./Miss/Ms .....

Surname: .....Initials: .....First Name:.....

Address: .....

Telephone No: .....Cell: .....

Email: .....Skype:.....

Organization: .....

I wish to attend the I<sup>st</sup> KALRO Scientific Conference and Exhibition and enclose payment for registration as indicated below:

	Early	Late	Early	Late
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Scientists</b>	KES 10,000	KES 12,000	<b>Students (Kenya)</b> KES 4,000	KES 5,000

Please return this form together with remittance to:

The Secretariat, I<sup>st</sup> KALRO Scientific Conference and Exhibition, P.O Box 57811-00200 City Square, Nairobi, Kenya

**Tel:** +254-722-206-986 ; +254-733-333-223; **Email:** [KALROConference2019@kalro.org](mailto:KALROConference2019@kalro.org); [KALROConference2019@gmail.com](mailto:KALROConference2019@gmail.com)

**Conference website:** <http://www.kalro.org/kalroconference>

All cheques to be paid to KALRO Scientific Conference and Exhibition

**Registration deadline 31<sup>st</sup> May 2019**