CHRISTIAN HEALTH ASSOCIATION OF KENYA

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**CHAK ANNUAL HEALTH CONFERENCE & AGM 2023 REGISTRATION FORM**

***To be completed by registered CHAK members only***

**RE: REPRESENTATIVES TO CHAK ANNUAL HEALTH CONFERENCE & ANNUAL GENERAL MEETING APRIL 25-27, 2023**

Please complete this form to indicate the representative(s) nominated by your institution to attend the 2023 AHC/AGM as guided by the letter of invitation. The completed form should be returned to the **General Secretary, CHAK** through Post/E-mail by 20th April 2023. This information will be used for conference planning purposes.

# CHAK ANNUAL HEALTH CONFERENCE; APRIL 25-27, 2023:

***Theme: ““****Health care financing for sustainability of quality services”*

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| **NO.** | NAME | TITLE |
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# ANNUAL GENERAL MEETING (AGM) REPRESENTATIVE(S): APRIL 27, 2023

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| **NO.** | **NAME** | **TITLE** |
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# Certified by Head of Health Institution/Church/Church Health Programme/CBHC/MTC

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Church:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Do you have any materials for display or distribution at the Exhibition? Yes/No. If Yes briefly describe***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Payment for the AHC/AGM registration fee can be made by cheque payable to **Christian Health Association of Kenya**, before 20th April 2023. And through **M-Pesa Paybill no. 882350, Account name please type your organization/personal name**