CHRISTIAN HEALTH ASSOCIATION OF KENYA

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**CELL PHONE: 0733-3344119/0722-203617**

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**CHAK ANNUAL HEALTH CONFERENCE & AGM 2024 REGISTRATION FORM**

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

**RE: REPRESENTATIVES TO CHAK ANNUAL HEALTH CONFERENCE & ANNUAL GENERAL MEETING APRIL 23-25, 2024**

Please complete this form to indicate the representative(s) nominated by your institution to attend the 2024 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 15th April 2024. This information will be used for conference planning purposes.

# CHAK ANNUAL HEALTH CONFERENCE; APRIL 23-25, 2024:

***Theme: “Transformational health sector reforms for Universal Health Coverage; role of faith-based health facilities”***

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# ANNUAL GENERAL MEETING (AGM) REPRESENTATIVE(S): APRIL 25, 2024

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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 15th April 2024. And through **M-Pesa Paybill no. 882350, Account name please type your organization/personal name**