

**FIRST NATIONAL CONFERENCE ON ALTERNATIVE FUNDING OF
INSTITUTIONS OF HIGHER LEARNING IN TANZANIA***(May 9 – 13, 2016, Mount Meru Hotel, Arusha)***REGISTRATION FORM***(Please fill one form for each delegate)*

Delegate's Information														
First Name					Last Name									
Job Title					Department									
Salutation (✓)	Prof.		Dr.		Rev.		Mr.		Mrs.		Miss		Other	
Email						Cell Phone								

Organisation Details										
Name										
Postal Address				Town/City				Region		
Email					Website					
Type of the Organisation (please select (✓) one)										
Institution of Higher Learning		Research Organisation		Financial Institution						
Diplomatic Mission		Non-Governmental Organisation		Development Organisation						
Other type (please specify)										

Nominating Authority

I _____ nominate _____
 on behalf of _____

to attend the *First National Conference on Alternative Funding of Institutions of Higher Learning in Tanzania* to be held in *Arusha at the Mount Meru Hotel* from *May 9 to 13, 2016* and promise to pay Kilimanjaro International the sum of US\$ 995 (US Dollars Nine Hundred Ninety Five Only)* or its equivalent in Tanzanian Shillings at least seven days before the conference start date upon submission of an original invoice from Kilimanjaro International and a copy of this registration form.

_____ Date _____ Signature _____ Title _____ Official seal/stamp

For KI Use Only							
Date received		Invoice Number		Issued on		Delivered on	
Payment received through (✓)	Bank			Cheque		Cash	

** Fee indicated is VAT exclusive
 KI Terms and Conditions for attending conferences/events apply and are available upon request*