



## REGISTRATION FORM

Please complete and return to : ISGE (secretariat@isge.org) or Dr. Maurine Mutua (maurinemutua@gmail.com)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Tel (w): \_\_\_\_\_ Fax (w): \_\_\_\_\_ Mobile: \_\_\_\_\_

Registration No: \_\_\_\_\_ Email: \_\_\_\_\_

Postal address: \_\_\_\_\_

Special meal requirements:  Kosher  Halaal  Vegetarian  Other: \_\_\_\_\_

## REGISTRATION WAIVED

ISGE Board Member

Invited Speaker

KESES Local Organising Committee

## FULL CONGRESS REGISTRATION FEES

NON-ISGE MEMBERS:	MID REGISTRATION Up to 31/03/2015	LATE REGISTRATION up to 22/08/2015	ON-SITE REGISTRATION 23rd - 26th August 2015	ISGE MEMBERS
<b>SPECIALISTS</b>				
• Africa & Developing Countries .....	<input type="checkbox"/> US\$250.00	<input type="checkbox"/> US\$300.00	<input type="checkbox"/> US\$400.00	<input type="checkbox"/> US\$250.00
• International .....	<input type="checkbox"/> US\$450.00	<input type="checkbox"/> US\$500.00	<input type="checkbox"/> US\$600.00	<input type="checkbox"/> US\$450.00
• Medical Students, Residents, .....	<input type="checkbox"/> US\$125.00	<input type="checkbox"/> US\$150.00	<input type="checkbox"/> US\$200.00	(For all registration categories)
Postgraduates, Registrars, Junior Consultants, General Practitioners, Allied Professionals, Theatre Staff, Nurses*	<input type="checkbox"/> US\$225.00	<input type="checkbox"/> US\$250.00	<input type="checkbox"/> US\$300.00	
*(50% Discount as per Category. Proof of status required)				<b>TOTAL US\$</b> _____

## DAY REGISTRATION FEES - FOR ISGE MEMBERS AND NON-ISGE MEMBERS

### AFRICA & DEVELOPING COUNTRIES

Monday 24th August 2015 .....

Tuesday 25th August 2015 .....  US\$150.00 per day

Wednesday 26th August 2015 .....  **TOTAL US\$** \_\_\_\_\_

### INTERNATIONAL

Monday 24th August 2015 .....

Tuesday 25th August 2015 .....  US\$200.00 per day

Wednesday 26th August 2015 .....  **TOTAL US\$** \_\_\_\_\_

### MEDICAL STUDENTS, RESIDENTS, POSTGRADUATES, REGISTRARS, JUNIOR CONSULTANTS, GENERAL PRACTITIONERS, ALLIED PROFESSIONALS, THEATRE STAFF, NURSES (\*50% Discount as per Category. Proof of status required)

Monday 24th August 2015 .....  **AFRICA & DEVELOPING COUNTRIES**

Tuesday 25th August 2015 .....  US\$75.00 per day

Wednesday 26th August 2015 .....  **INTERNATIONAL**

US\$100.00 per day

**TOTAL US\$** \_\_\_\_\_

Accompanying Persons / Partners / Spouses  US\$100.00 per day **TOTAL US\$** \_\_\_\_\_

## SOCIAL FUNCTIONS

### Please indicate your attendance:

Opening Ceremony (Sunday 23<sup>rd</sup> August 2015) .....  No, I won't attend  Yes, I will attend

ISGE Gala Dinner (Monday 24<sup>th</sup> August 2015) .....  No, I won't attend  Yes, I will attend (US\$150.00)

KESES Congress Dinner (Tuesday 25<sup>th</sup> August 2015) .....  No, I won't attend  Yes, I will attend (US\$150.00)

Closing Ceremony (Wednesday 26<sup>th</sup> August 2015) .....  No, I won't attend  Yes, I will attend

Partner/Accompanying Spouse for Social functions only .....  Yes, will attend (US\$150.00)

**TOTAL US\$** \_\_\_\_\_

**TOTAL AMOUNT PAYABLE: US\$** \_\_\_\_\_

## PRE-CONGRESS WORKSHOPS SUNDAY 23<sup>RD</sup> AUGUST, 2015

Subject to Sponsorship availed and confirmed participation

The Workshops will be held at various facilities. Venues will be informed in due course.

Please indicate which Workshop you want to register for.

Places are limited. First confirmed and paid participants will be considered only.

AFRICA & DEVELOPING COUNTRIES		INTERNATIONAL	
<b>BASICS OF LAPAROSCOPIC</b> (Maximum 8)		<b>BASICS OF LAPAROSCOPIC</b> (Maximum 8)	
US\$200.00 <input type="checkbox"/>	* 50% *US\$100.00 <input type="checkbox"/>	US\$300.00 <input type="checkbox"/>	* 50% *US\$150.00 <input type="checkbox"/>
<b>COLPOSCOPY</b> (Maximum 25)		<b>COLPOSCOPY</b> (Maximum 25)	
US\$150.00 <input type="checkbox"/>	*US\$ 75.00 <input type="checkbox"/>	US\$200.00 <input type="checkbox"/>	*US\$100.00 <input type="checkbox"/>
<b>ENDOMETRIOSIS : WHAT IS BEST FOR OUR PATIENTS</b> (Maximum 30)		<b>ENDOMETRIOSIS : WHAT IS BEST FOR OUR PATIENTS</b> (Maximum 30)	
US\$150.00 <input type="checkbox"/>	*US\$ 75.00 <input type="checkbox"/>	US\$200.00 <input type="checkbox"/>	*US\$100.00 <input type="checkbox"/>
<b>HOW BETTER KNOWLEDGE OF ENERGY SOURCES CAN IMPROVE SKILLS IN HYSTEROSCOPIC &amp; LAPAROSCOPIC SURGERY</b> (Maximum 25)		<b>HOW BETTER KNOWLEDGE OF ENERGY SOURCES CAN IMPROVE SKILLS IN HYSTEROSCOPIC &amp; LAPAROSCOPIC SURGERY</b> (Maximum 25)	
US\$150.00 <input type="checkbox"/>	*US\$ 75.00 <input type="checkbox"/>	US\$200.00 <input type="checkbox"/>	*US\$100.00 <input type="checkbox"/>
<b>HYSTEROSCOPY</b> (Maximum 30)		<b>HYSTEROSCOPY</b> (Maximum 30)	
US\$200.00 <input type="checkbox"/>	*US 100.00 <input type="checkbox"/>	US\$300.00 <input type="checkbox"/>	*US\$150.00 <input type="checkbox"/>
<b>LAPAROSCOPIC MYOMECTOMY : STILL THE GOAL FOR OUR PATIENTS?</b> (Maximum 30)		<b>LAPAROSCOPIC MYOMECTOMY : STILL THE GOAL FOR OUR PATIENTS?</b> (Maximum 30)	
US\$150.00 <input type="checkbox"/>	*US\$ 75.00 <input type="checkbox"/>	US\$200.00 <input type="checkbox"/>	*US\$100.00 <input type="checkbox"/>
<b>LAPAROSCOPIC SURGERY TRAINING COURSE FOR OPERATING ROOM TECHNICIANS &amp; SCRUB NURSES</b> (Maximum 30)		<b>LAPAROSCOPIC SURGERY TRAINING COURSE FOR OPERATING ROOM TECHNICIANS &amp; SCRUB NURSES</b> (Maximum 30)	
US\$150.00 <input type="checkbox"/>	*US\$ 75.00 <input type="checkbox"/>	US\$200.00 <input type="checkbox"/>	*US\$100.00 <input type="checkbox"/>
<b>PELVIC FLOOR SURGERY</b> (Maximum 15)		<b>PELVIC FLOOR SURGERY</b> (Maximum 15)	
US\$150.00 <input type="checkbox"/>	*US\$ 75.00 <input type="checkbox"/>	US\$200.00 <input type="checkbox"/>	*US\$100.00 <input type="checkbox"/>

**\*MEDICAL STUDENTS, RESIDENTS, POSTGRADUATES, REGISTRARS, JUNIOR CONSULTANTS, GENERAL PRACTITIONERS, ALLIED PROFESSIONALS, THEATRE STAFF, NURSES**

**50% Discount as per category (Proof of status required)**

## ACCOMMODATION

Kindly book, confirm and pay for your hotel directly online.

Arrival Date: \_\_\_\_\_ Hotel booked:  \_\_\_\_\_  Single room  Double room  
(Name of Hotel)

Departure Date: \_\_\_\_\_

No. of complimentary nights: \_\_\_\_\_ No. of paid nights: \_\_\_\_\_ Total No of nights in Nairobi: \_\_\_\_\_

## SAFARIS

Safari booked: Yes  No  Pre-Conference Safari  Post-Conference Safari

Please book, confirm and pay for your safaris EARLY to avoid last minute disappointments. Book directly with :

**pherajai@me.com**  
[www.pherajai.wix.com/amazingafrica](http://www.pherajai.wix.com/amazingafrica)

**stefan.bollier@africapoint.com**  
[www.africapoint.com](http://www.africapoint.com)

## PAYMENT

Payment made to: KESES  ISGE  TOTAL PAYMENT AMOUNT: US\$ \_\_\_\_\_

### FOR PAYMENT BY CREDIT CARD

NAME OF CARD HOLDER: \_\_\_\_\_ TYPE OF CARD (MASTERCARD & VISA ONLY): \_\_\_\_\_

EXP DATE: \_\_\_\_\_ CARD NO: \_\_\_\_\_ CVV NO: \_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

### FOR PAYMENT BY ELECTRONIC TRANSFER / BANK DEPOSIT

NAME OF ACCOUNT: **KENYA SOCIETY OF ENDOSCOPIC SPECIALITIES**

BANK: **CHASE BANK, PARKLANDS BRANCH**

**PAYMENT IN KES :** ACCOUNT NO: **0072018077013**

ACCOUNT TYPE: **CURRENT**

**PAYMENT IN USD :** ACCOUNT NO: **0072018077014**

BRANCH CODE: **007** SWIFT: **CKENKENA**

### FOR PAYMENT BY MPESA

GO TO: Mpesa menu / Lipa na Mpesa / Buy goods and services / Enter Till No: **972986** / Enter Amount / Enter PIN Number / **Confirm Transaction**

**FOR ONLINE PAYMENT GO TO THE ISGE WEBSITE: [www.nairobi2015.isge.org](http://www.nairobi2015.isge.org)**