



**Association of Surgeons of East Africa (ASEA)
And
The College of Surgeons of East Central and Southern Africa (COSECSA)**

REGISTRATION FORM:

Please provide the following information and return to:

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Name: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

I wish to present a paper/poster: _____

Title: _____

Please book me a single/double room at:

I will be accompanied by:

Arrival Date: _____ **Arrival Time:** _____

Flight Number: _____

Departure Date: _____ **Departure Time:** _____

Flight Number: _____
