

SAVE FOR HEALTH UGANDA

NATIONAL COMMUNITY HEALTH FINANCING CONFERENCE 2016

Participant registration form

Title	
First name:	
Surname:	
Organisation:	
Position/ designation	
Type of industry	
Physical address:	
Country	
Email address:	
Telephone number:	
Any special needs?	
Motivation	Why do you want to attend the conference
Do you need an invitation letter?	

Fees payment bank details: Account Name: Save for Health Uganda; Account Number: 0102012585400; Bank: Standard Chartered Bank; Branch: Speke Road, Kampala

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Partnership form

Organisation/ Company:	
Core business of your organisation:	
Name of contact person:	
Position:	
Physical address:	
Email address:	
Telephone number:	
How would your organisation like to participate/partner with us:	

Our contacts for further discussions

Ms. Proscovia Nnamulondo on [pnamulondo@shu.org.ug/](mailto:pnamulondo@shu.org.ug) [shu@shu.org.ug/](mailto:shu@shu.org.ug) or call
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