REGISTRATION FORM

**WORKSHOP ON HEALTH INFORMATION MANAGEMENT**

**26TH TO 27TH FEBRUARY, 2020**

**VENUE: LEGACY HOTEL & SUITES – NAKURU TOWN**

[This form **MUST** be filled and emailed back to KEBS, attention to Micah Rachuonyo and Rachel Mokua: [rachuonyom@kebs.org](mailto:rachuonyom@kebs.org), [mokuar@kebs.org](mailto:mokuar@kebs.org) by 21st February 2020]

Name of organization/company/institution

Name of participant (in capital letters)

Title/position of participant:

**Contact details**

Email address:

Telephone:

Postal address:

Preferred means of contact:

Email

Telephone

Postal address