

# CHRISTIAN HEALTH ASSOCIATION OF KENYA

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## ANNUAL HEALTH CONFERENCE 2025: REGISTRATION FORM (NON-MEMBERS)

*Should be completed and submitted to CHAK Secretariat together with conference  
Registration fee by 20<sup>th</sup> April 2025*

Please complete this form to indicate the representative(s) nominated by your institution to attend the 2025 CHAK Annual Health Conference (AHC). The completed form should be returned to the **General Secretary, CHAK** by Post//E-mail by 20<sup>th</sup> April 2025. This information will be used for conference planning purposes.

**ANNUAL HEALTH CONFERENCE; APRIL 28-30, 2025**

*Theme: "Theme: "Healthcare financing crisis; will faith-based health facilities survive?"*

NO.	NAME	TITLE	INSTITUTION
1.			
2.			

Conference Registration fee is payable by \_\_\_\_\_ self/institution.

Mode of payment \_\_\_\_\_ Cheque/Mpesa/EFT

Payment of the registration fee can be made by cheque payable to **Christian Health Association of Kenya**, before 20<sup>th</sup> April 2025. And through **M-Pesa Paybill no. 882350**, Account name please type **your organization/personal name**.

### Certified by Head of Institution

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Name of Institution: \_\_\_\_\_

Type: \_\_\_\_\_

Address: \_\_\_\_\_

Tel #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mobile #: \_\_\_\_\_

*Do you have any materials for display or distribution at the Exhibition? Yes/No. If Yes briefly describe*

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