

# KENYA HEALTH MEDIA NETWORK

COMPRISING OF:

*(Kenya Medical Directory, Kenya Health Convention & [www.healthcareinkenya.com/convention](http://www.healthcareinkenya.com/convention))*

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## 2ND KENYA HEALTH CONVENTION EXPO

### ORDER FORM

**PAYBILL NO: 689516**

**EXPO ORDER NO** \_\_\_\_\_

Name of Exhibitor.....

Physical Location ..... Town/City .....

P.O Box ..... Town ..... Code .....

Telephone.....

Email Address..... Website .....

Space Required..... Space Code .....

Amount Payable, (Shs) .....

(In Words).....

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This order must be signed by an authorised signatory e.g Partner, Managing Director, General Manager, Marketing Manager, Finance Manager, Company Secretary, etc. **All payments to Express Communications Ltd.** Payment LPO is required to confirm booking. Rates include 16% VAT.

Name of person giving order ..... Designation .....

Signature ..... Date .....

ECL Business Associate ..... Official stamp .....