

AFRICAN ASSOCIATION FOR  
PUBLIC ADMINISTRATION AND  
MANAGEMENT (AAPAM)



ASSOCIATION AFRICAINE POUR  
L'ADMINISTRATION PUBLIQUE  
ET LE MANAGEMENT (AAAPM)

**REGISTRATION FORM**  
**37<sup>TH</sup> AAPAM ROUNDTABLE CONFERENCE**  
**29<sup>th</sup> February – 4<sup>th</sup> March 2016,**  
**Venue: Lusaka, Zambia**

**Theme: “Transforming Public Administration and Management in Africa”**

**Select Your Registration Type:**

- |                          |                                   |               |
|--------------------------|-----------------------------------|---------------|
| <input type="checkbox"/> | Participants from Host Country    | USD \$ 310.00 |
| <input type="checkbox"/> | Participants from Other Countries | USD\$ 410.00  |
| <input type="checkbox"/> | Spouse                            | USD\$ 260.00  |

**Participant’s Contact Information:**

|  |            |
|--|------------|
| Salutation <input type="checkbox"/> Professor <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. |            |
| First Name:  | Last Name: |
| Job Title:   |            |
| Department:  |            |
| Organization:  |            |
| Mailing Address:   |            |
| Work Phone:  | Mobile:    |
| Email:   |            |
| Fax:   |            |

**Method of Payment:**

a) Government Purchase Order (GPO)  YES  NO

**Institutional details**

|                 |
|-----------------|
| Ministry:       |
| Address:        |
| Tel:            |
| Email:          |
| Fax:            |
| Contact Person: |

b) Electronic Bank Transfer AAPAM

AAPAM MAIN A/C FCY C/A 1103297694  
KENYA COMMERCIAL BANK LTD  
Intermediary Bank for USD: Citibank / Bankers Trust  
Bank Code: 01  
MILIMANI BRANCH, Bishops Road  
NSSF Building Block A  
P.O. BOX 69695  
00400 Tom Mboya  
NAIROBI, KENYA  
TEL: 254 020 2719433/4, 2179470  
FAX: 254 020 2729942

**Please advise us:**

Arrival information

|                |
|----------------|
| Arrival Date:  |
| Flight Number: |
| Time:          |

Departure information

|                 |
|-----------------|
| Departure Date: |
| Flight Number:  |
| Time:           |

Special needs (including dietary requirements)

**Please return this form to AAPAM**

The Secretary General  
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