INSURANCE CONFERENCE 2021

ENHANCING PUBLIC PERCEPTION OF INSURANCE TO SUPPORT ECONOMIC GROWTH $17^{th}\,$ - $19^{th}\,$ November 2021

REGISTRATION FORM

PERSONAL DETAILS		
First Name: Surname: ID/Passport No. Phone No. Email.		
COMPANY DETAILS	I	
Company/Organisation Type of Organisation Insurer Reins	urer Broker	Other(specify)
Country		
CONFERENCE FEE		
ZMW 5,500.00/Person ZMW 5,000.00/Person for a comp	pany sending 4 or more part	icipants
ACCOMODATION	I	
BONANZA RESORT (CIELA)		
Single ZMW 2,600.00	per day	
Double ZMW 3,000.00	per day	
Check in day	Check	out day
ACTIVITIES		
Golf	_	
		any change in a confirmed booking, will attract a 100% on should be paid directly to IAZ or deposited in the

Name: Insurers Association of Zambia A/C NUMBER: 0011040000352 BANK: Indo Zambia Bank SWIFT CODE: INZAZMLX

BRANCH: Lusaka Main, Plot 830 T-junction Cairo and Malasha Roads, Lusaka Zambia

SORT CODE: 90001

