



**10TH ANNUAL SCIENTIFIC CONFERENCE – 13TH – 15TH MARCH 2019 – AMBER GUEST HOUSE
CONFERENCE REGISTRATION FORM**

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TITLE FIRST NAME MIDDLE NAME (OPTIONAL) SURNAME

(Please write the names as you would like them to appear in your certificate)

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ORGANIZATION

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SPECIALITY/OCCUPATION

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E-MAIL ADDRESS

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NATIONALITY

Members USD 150 Associate Members USD 120 International Delegates USD 200	Local Delegates: Paediatrician USD 100 Other Health Workers USD 75 Students USD 50
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REGISTRATION FEES (can be paid in \$ or its equivalent in the local currency as at the day of payment exchange rate)

1. Bank Details:

Intermediary Bank: Deutsche Bank Trust Company, Americas, New York, 280 Park Avenue, New York, NY 10017

Swift Code: BKTRUS33

Routing (ABA) No: 021001033

Beneficiary Bank: Ecobank Nigeria Limited Domiciliary Account

Swift Code: ECOCNGLA

Account No.: 04087350

Beneficiary Account number: 013218666

Beneficiary's Account Name: Society For Paediatric & Adolescent Endocrinology Endocrinology In Nig

Currency: USD

2. Bank Details

Account Name: Soc. For Paediatrics & Adolescent Endocrinology

Bank: Ecobank Nig Ltd, Funsho Williams Road, Ojuelegba Under Bridge

Sort Code: 050152209

Account No: 0132127858

Currency: NAIRA

(Completed form and proof of payment of registration fee should be sent to aspae2019@yahoo.com. For further clarification or any queries, contact Toyin Agboyinu - +2348051504088 or email as above)