

Enrollment Information: To confirm your membership, please complete, sign, scan and email your signed registration to DBE-GSMEC Jules Gervais: jules@globalsmeconference.com

Registration is subject to the approval by DBE-ASMEC Production Management. Upon approval you will receive a welcoming letter confirmation your attendance. Please note all information will be used solely for the organization of the event

PARTICIPANT ENROLLMENT INFORMATION

- Please list your sector and/or primary business activity

- Please indicate your company annual revenue

- Please indicate number of employees in your organization
a) Africa: _____
b) Worldwide: _____
- Who beside yourself has control over your budget?

- To whom (Job title) do you report:

- Are you the ultimate decision-maker over your budget: ☐ yes ☐ No
- What major issues or topics would be of any interest? :

DBE Inc.
DBE Inc.
ASMEC
Africa Subject Matter Experts Conference
Africa Subject Matter Experts Conference

9. Please list of your executives team (Name, Position & contact info):

DL/Cell : _____ Email: _____
EX2: _____
DL/Cell : _____ Email: _____
EX3: _____
DL/Cell : _____ Email: _____
EX4: _____
DL/Cell : _____ Email: _____
EX5: _____
DL/Cell : _____ Email: _____
EX6: _____
DL/Cell : _____ Email: _____
EX7: _____
DL/Cell : _____ Email: _____
EX8: _____
DL/Cell : _____ Email: _____

If yes to other topic please indicate which topic:

By signing this agreement, I / Enrollee hereby acknowledge that the above information is correct.

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PRINT NAME: _____

Signature: _____

Date: _____

AFRICA MEDICAL EXECUTIVES & MEDICAL TOURISM CONFERENCE
THEME: RETHINKING AFRICA HEALTHCARE INDUSTRY FINANCES & MANAGEMENT

Registration Form

Please complete this form immediately and scan and email it back to: Jules Gervais jules@globalsmeconference.com

Registration Details

Name: _____
Position: _____
Email: _____
Company: _____
Website: _____
Address: _____
City: _____
State/Province: _____
ZIP /Postal Code: _____
Country: _____
DL Tel: _____ Cell: _____
Name of Assistant: _____
Email of Assistant: _____
Company Size: _____

Registration Fee: ☐ US\$ 100 (Special discount 50%)

PAYMENT METHOD / CREDIT CARD

PLEASE CHARGE MY:

☐ VISA ☐ MASTER CARD ☐ AMEX

Card Billing
Address: _____
City: _____ State/Province: _____
ZIP / Postal Code: _____
Card Holder's Name: _____
Signature: _____
Card Number: _____
Verification Number: _____ Exp. Date: ____/____/____

Confirmation Details - if you do not receive a letter outlining the conference details two weeks prior to the event, please contact the Conference Coordinator at DBE Inc. – Africa Subject Matter Experts Conference

DBE Inc. ASMEC

Africa Subject Matter Experts Conference

"Catching Up With The Speed Of The Fast Change...."

For Speaking and Sponsoring Opportunities

Please Contact: Jules Gervais

Phone: + 416-820-6431 / + 647-547-7156

jules@globalsmeconference.com

www.africasmeconference.com

DBE Inc. CRA-ARC BN : 80747 0695 RT0001

AFRICA MEDICAL EXECUTIVES & MEDICAL TOURISM CONFERENCE

AMEMTC VISION

Achieving a high-performing health system.

MISSION

To deliver high-quality products and services
To advance and influence health system policy in Africa
To champion innovation and performance improvement

VALUES

Health-Focused
We are guided by the health needs of our population and our communities.

Evidence-based
We use the best available evidence and experience in making decisions.

Collaborative
We work in partnership with others in contributing to the development of a high-performing, sustainable health care system.

Trusted
We act in a way that engenders trust and respect among members, partners, our staff, and the people who use Ontario's health care system.

Internal Use Only: Job Code: _____ Reg. Code: _____