

## Appendix B: Registration Form

Please return this form to your national Law Society/EALS Secretariat, along with payment or proof of payment to:

**East Africa Law Society**  
**Number 64, Haile Selassie Road**  
**P.O. Box 6240 Arusha, Tanzania**  
**Tel: 255-27-2503135**  
**Tel/Fax (+255 27) 2508707**  
**Office Cell: (+255) 786 -821010**  
**Email: [eals@habari.co.tz](mailto:eals@habari.co.tz)/ [maureen@ealawsociety.org](mailto:maureen@ealawsociety.org)**

Please type or use block letters or attach a business card

Title \_\_\_\_\_

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Country \_\_\_\_\_

EALS Member \_\_\_\_\_

Non EALS Member \_\_\_\_\_

Firm/Company/Institution \_\_\_\_\_

Physical address \_\_\_\_\_

Telephone \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Guests: Please note that guests may not attend working sessions

Name: \_\_\_\_\_

Country: \_\_\_\_\_

Name: \_\_\_\_\_

Country: \_\_\_\_\_

**For EALS Official use only**

Banked: \_\_\_\_\_ Date banked: \_\_\_\_\_

Bank name/Country \_\_\_\_\_

Account Number: \_\_\_\_\_

Currency: \_\_\_\_\_ Exchange Rate: \_\_\_\_\_

Ref No: \_\_\_\_\_ Processed by \_\_\_\_\_