AITS
AFRICA INFRASTRUCTURE TOKENISATION SUMMIT

SUMMIT REGISTRATION FORM

Company/ Business Name:	
Person Completing Form:	
Position:	
Number of delegates.:	
Country:	
Website:	

Nominated contact

Title (Dr, Mr, Mrs, Ms, etc.)		Position	
Surname:			
First names:			
Phone:		Fax:	
E-mail:		Cell:	

DETAILS OF AITS ATTENDEES

Name	Surname	Position

Email back completed form to admin@tokeniseafrica.org in cc to admin@colmingroup.com .