



# Kenya Medical Association

## NATIONAL EXECUTIVE

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## KENYA MEDICAL ASSOCIATION ANNUAL SCIENTIFIC CONFERENCE 2017

### REQUEST FOR QUOTATION

ISSUED BY

**Kenya Medical Association**

DATE

**9<sup>th</sup> January , 2017**

National Chair  
Dr. Jacqueline Kitulu

National Vice-Chair  
Dr. Henry Wanga

National Secretary  
Prof. Lukoye Atwoli

National Asst. Secretary  
Dr. Supa Tunje

National Treasurer  
Dr. Simon Kigundu

## 1. Introduction & Background

The Kenya Medical Association (KMA) is a membership organization for doctors and dentists registered to practice in Kenya established in 1968 with a mandate of improving health care management in Kenya and the region.

The association amongst other activities holds scientific conferences every year. The next one will be held at Sportsman's Arms Hotel – **Nanyuki from 19<sup>th</sup> to 23<sup>rd</sup> April 2017**

The objective of this Request for Quotation is to locate service providers that will provide the best overall value to Kenya Medical Association Annual Scientific Conference 2017.

While price is a significant factor, other criteria will form the basis of our award decision.

## 2. Submission Guidelines & Requirements

### a) Inquiries

All inquiries related to this Request for Quotations ("RFQ") will be directed to:

Kenya Medical Association  
KMA Centre, 4th Floor, Chyulu Road, Upper Hill  
Attention: Idah Nyawira – Conference Coordinator  
Telephone Number : (+254 20) 2679322 |(+254 722) 275 695)  
Email: [conference@kma.co.ke](mailto:conference@kma.co.ke)

### b) Submission date and address

All quotations must be submitted on or before **19th January, 2017**  
to [conference@kma.co.ke](mailto:conference@kma.co.ke)

### c) Contractor's qualifications

By submitting a Quotation, a Contractor represents that it has the expertise, qualifications, resources, and relevant experience to supply the Goods and Services.

### 3. Financial Quotation

- a) The Financial Proposal should clearly identify as a separate amount, the local taxes, duties, fees, levies and other charges imposed under the law on the consultants, the sub-consultants and their personnel.
- b) The service provider shall express the price of their services in Kenya Shillings.
- c) The Proposal must remain valid for at least 30 days after the submission date. During this period, the service provider is expected to keep available, at his own cost, the professional staff proposed for the assignment. If the Client wishes to extend the validity period of the proposals, the provider shall agree to the extension

SERVICE REQUIRED	QUANTITY	UNIT PRICE	TOTAL
Photography and Videography	1		
Exhibition tents	40		
100 dinner tents	2		
Media Liaison			
Conference hall décor in 2 corporate colors	1		
Conference give away (bags, lanyards,	300		
Awards	10		
<b>GRAND TOTAL</b>			

### 4. Organization General Information

1	Name of Organization	
2	Postal Address	P.O Box.....Code.....
3	Principal Contact Person	Name..... Position.....
4	Contact:	Telephone:..... Email:.....
5	Physical Location of Business Premises	Town:.....Street:..... Building Name:.....Floor:.....
6	Business Operations	Year established..... Duration of Business Operation.....
7	Company Registration No: (Attach copy) Tick one	Number:.....
8	VAT Registration No: (Attach Copy)  PIN certificate	Number                      Attached copy?  Number                      Attached copy?
9	Valid Tax Compliance Certificate (Attach copy)	Attached Copy? YES.....NO.....
10	Provide a brief description of Services that you offer	

### 5. Trade References

Provide contact details for 3 referees for previous/ current work that is similar or the same to the one now applied for. Note that the referees may be contacted without your further references to you.

1	Organization Name & Rubberstamp Contact Name Position Telephone No E-mail Address  Total Value of Service	..... ..... Sign..... Date..... ..... ..... Kshs.....
2	Organization Name & Rubberstamp Contact Name Position Telephone No E-mail Address  Total Value of Service	..... ..... Sign..... Date..... ..... ..... Kshs.....
3	Organization Name & Rubberstamp Contact Name Position Telephone No E-mail Address  Total Value of Service	..... ..... Sign..... Date..... ..... ..... Kshs.....

We do hereby certify that the above information is correct in all respects:

Full Name:.....

**National Chair**  
 Dr. Jacqueline Kitulu

**National Vice-Chair**  
 Dr. Henry Wanga

**National Secretary**  
 Prof. Lukoye Atwoli

**National Asst. Secretary**  
 Dr. Supa Tunje

**National Treasurer**  
 Dr. Simon Kigundu

Designation/Position:.....

Signature:.....Date:.....

Company Stamp/ Seal:

Dr. Bosire Wairimu Otieno

*Stellah Bosire*

Chief Executive Officer

Kenya Medical Association.