



# Kenya Medical Association

## NATIONAL EXECUTIVE

KMA CENTRE, CHYULU ROAD, P.O. BOX 48502 – 00100 GPO, NAIROBI-KENYA

Mobile: 0722-275695

Email: [nec@kma.co.ke](mailto:nec@kma.co.ke)

Website: [www.kma.co.ke](http://www.kma.co.ke)

## Kenya Medical Association Event Management

### Request for Quotations.

Issued by: Kenya Medical Association

Date: 9<sup>th</sup> Feb 2023

#### Introduction & Background

The Kenya Medical Association (KMA) is a membership organization for doctors and dentists established in 1968 with the twin mandate of members welfare and advocating for the highest quality of health care for Kenyans.

The objective of this Request for Quotation is to locate service providers that will provide the best overall event management (online and Onsite Registration) for KMA conferences.

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

#### Submission Guidelines & Requirements

#### Inquiries

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

Chief Executive Officer

Kenya Medical Association

KMA Centre, 4th Floor, Chyulu Road, Upper Hill

Email: [nec@kma.co.ke](mailto:nec@kma.co.ke) , [executiveofficer@kma.co.ke](mailto:executiveofficer@kma.co.ke)

Telephone Number: 0722275695

**President**  
**Dr. Simon Kigundu**

**Vice-President**  
**Dr. Amos Otara**

**Secretary-General**  
**Dr. Diana Marion**

**Assistant Secretary-General**  
**Dr. Elizabeth Gitau**

**Treasurer-General**  
**Dr. Lyndah Kemunto**

## Submission date and address

All quotations must be submitted on email, on or before **17<sup>th</sup> February 2023** to [nec@kma.co.ke](mailto:nec@kma.co.ke) CC to [executiveofficer@kma.co.ke](mailto:executiveofficer@kma.co.ke) The EOI may be dropped at Kenya Medical Association Head Office at KMA Centre, 4<sup>th</sup> Floor, Chyulu Road, Upperhill.

## 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.

## Financial Quotation

1. 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.
2. The service provider shall express the price of their services in Kenya Shillings.
3. 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 their 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 in writing.

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**Treasurer-General**  
**Dr. Lyndah Kemunto**

## 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: <i>(Attach copy)</i> Tick one	Number:.....
8	VAT Registration No: <i>(Attach Copy)</i>  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	

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## 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.....

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

Full Name:.....

Designation/Position:.....

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

Company Stamp/ Seal:



Dr. Simon Kigundu  
**PRESIDENT**

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