



# ZAMBIA COLLEGE OF MEDICINE & SURGERY

*Advancing Specialist Care & Professional Growth*

Contact: +260 977 582061/0956 855968 / 097 9024261 Email: secretariat@zacoms.com, registrar@zacoms.com  
C/o Levy Mwanawasa Medical University, Great East Road Campus, Box 33991, Lusaka

(Registered Society)

26<sup>th</sup> March, 2025

## Invitation to the ZACOMS 2025 Graduation Dinner and Awards Ceremony

The Zambia College of Medicine and Surgery would like to invite you to the 2025 Graduation Dinner and Awards Ceremony to be held on **13th June 2025** at Mulungushi International Conference Centre in Lusaka starting at 18:00.

### Charges:

- 2025 Graduates K450 (Couple: K850)
- Other ZACOMS Fellows K900 (Couple: K1, 600)
- Other Guests K1, 000 per person

\* A cash bar will be available.

### ZACOMS BANK ACCOUNT:

Bank: ZANACO  
Branch: Lusaka Civic Centre  
Account Name: Zambia Colleges of Medicine and Surgery  
Account Number: 56088345000181

### Reservations:

Kindly use the following link to book your attendance:

<https://forms.gle/Y73Evio28bwFYahj8>

### NOTE:

1. **Limited Attendance:** Only 250 guests will be accommodated, and attendance is based on a first-come, first-served basis.
2. **Confirmation of Attendance:** Booking a seat does not guarantee your attendance. Your attendance will only be confirmed once the full attendance fee has been paid.
3. **Reservation Deadline:** Reservations must be made by filling in this form no later than **5th April 2025** so as to secure the venue. Only those who have made reservations will be allowed to make payments.
4. **Payment Process:** All payments should be made to the ZACOMS account. After making payment, kindly email your proof of payment to **secretariat@zacoms.com** to confirm your attendance.
5. **Payment Deadline:** Payments must be completed by **31st May 2025**.
6. **Entry Requirements:** Only individuals who have completed their payments in full will be permitted to attend the ceremony. No payments will be accepted at the venue.
7. **Other Guests:** Complete a separate form for each guest you wish to invite.

Dr. Jonathan Ikachana Sitali FZCMS, FCS (Orthopaedics), MMed, MPH, PGDLM

**REGISTRAR**

**ZAMBIA COLLEGE OF MEDICINE AND SURGERY**

