



**AFRICA  
HEALTH  
ExCon**

Your Gate  
To Innovation and Trade

# Competition Entry Form

Please complete the form below to provide details about your submission.

**Title**

**Full Name**

First Name

Last Name

**Name of Start-Up/ Company**

**Email Address**

**Phone**

**Contact Number**

**Address**

**Address Line 2**

**City**

**State / Province**

**Postal / Zip Code**

**Country**



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**Please provide a brief description of your Start-Up, detailing the service that it provides**