NIMSA 2025

Healing Africa Naturally

Visitors Registration Form

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NIMSA 2025 – VISITOR REGISTRATION FORM

Thank you for your interest in attending Natural & Integrated Medicine Show Africa (NIMSA 2025). Please complete this form to register as a visitor. Your information will help us provide the best possible experience tailored to your interests

Personal Information

*First Name

*Last Name

*Email Address

*Phone eg +(123) 456 7890 123

*Nationality

Country of Residence

Preferred Contact Method ☐ Email ☐ Phone ☐ WhatsApp

Professional Information

*Occupation/Profession

*Company Name (if applicable):

*Company Name (if applicable):

- ☐ Integrative Medicine
- ☐ Herbal & Traditional Medicine
- ☐ Wellness & Alternative Health
- ☐ Pharmaceuticals & Nutraceuticals
- ☐ Medical & Wellness Equipment
- ☐ Health & Lifestyle
- ☐ Mental Health & Holistic Therapy
- ☐ Government & Regulatory Body
- ☐ Educational Institution
- ☐ General Public
- ☐ Other (Please specify):

Purpose of Visit *(Select all that apply)*

- ☐ Explore Products & Services
- ☐ Networking & Business Partnerships
- ☐ Attend Conferences & Workshops
- ☐ Seek Investment & Collaboration Opportunities
- ☐ Personal Interest in Health & Wellness
- ☐ Other (Please specify):

Areas of Interest *(Select all that apply)*

- ☐ Alternative & Complementary Medicine
- ☐ Holistic Healing Therapies
- ☐ Herbal & Organic Products
- ☐ Nutritional Supplements & Superfoods
- ☐ Mental & Emotional Well-being
- ☐ Medical & Wellness Technology
- ☐ Yoga, Meditation & Mindfulness
- ☐ Health & Fitness Solutions
- ☐ Sustainable & Eco-friendly Health Products
- ☐ Other (Please specify):

Attendance Details

How did you hear about NIMSA 2025?

- ☐ Social Media
- ☐ Official Website
- ☐ Referral from a Friend/Colleague
- ☐ Email Invitation
- ☐ Online Advertisement
- ☐ Other (Please specify):

Will you be attending alone or with a group?

- ☐ Individual
- ☐ Group (Number of attendees

Do you require special assistance?

☐ YES (Please specify ☐ No

Agreement & Confirmation

By submitting this form, you confirm your registration as a visitor to NIMSA 2025 and agree to abide by all event terms and conditions.

☐ I Agree

Name, Signature & Date

Note: Please submit this completed form online or at the event registration desk.
For inquiries, contact the NIMSA 2025 team at enrollment@himsa.africa.

For Internal Use Only

Date Received

Registration Number

Approval Status: ☐ Approved ☐ Pending ☐ Declined

Remarks: