

REGISTRATION FORM

Please fill in the registration form, to assist us book you for the upcoming training. Kindly note that this is a compulsory form to fill, signed scan and emailed to us.

COURSE DETAILS.

Course Title:…………………………………………………………………………………………………………………………

Course Dates:………………………………………………………………………………………………………………………

PARTICIPATION DETAILS.

First Name……………………………………………..Surname…………………………………………………………………

Organization /Company ………………………………… Designation………………………………………………..

Postal Address…………………………………………………Postal Code …………………………………………………..

Country…………………………………………………………..E-mail……………………………………………………………..

Telephone No………………………………………………..

PAYMENT

 Please invoice the above Organization

 Please invoice the Participant above

REGISTRATION:

This form must be completed in full and returned to Africa Institute for Project Management Studies. Return this form to:info@africadevelopmentresources.org

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AUTHORISATION

This booking is invalid without a signature