

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](mailto:info@africadevelopmentresources.org)

**Africa Institute for Project Management Studies**  
6th Parklands, Valley View Office Park Nairobi-Kenya  
Tel: +254 711 368 826

[www.africadevelopmentresources.org](http://www.africadevelopmentresources.org)

AUTHORISATION

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