

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

Muthaiga Mini Market Shopping Centre, 3rd Flr, Limuru Road, Nairobi, Kenya, Tel : +254703195474

AUTHORISATION

This booking is invalid without a signature