



WORKSHOP ATTENDANCE REGISTRATION FORM

Program Details

Name of the Course:.....

Program duration:.....Scheduled Start Date:.....End

Date.....

Delegate's Registration Details

Delegate's full name:..... Job

Title:.....

Name of the Organization.....

Address:.....

.....

Office Tel No.:.....

Mobile No.:.....

Fax No.....Email

Address.....

Alternative Email

Address:.....

Employer/Sponsor Commitment:

I Mr. /Mrs. /

Miss/Dr/Prof.....do hereby
nominate..... to undertake the above Training

Program and do hereby commit my organization to pay to Asset Africa a total amount of **USD**

..... as payment for tuition, Training materials and certificate

(Signature/or print your name in full)

Please send the scanned copy of the completed application form to: info@assetafrica.co.ke for your name to be enrolled on the participants register

For more information or enquiries kindly contact:

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