

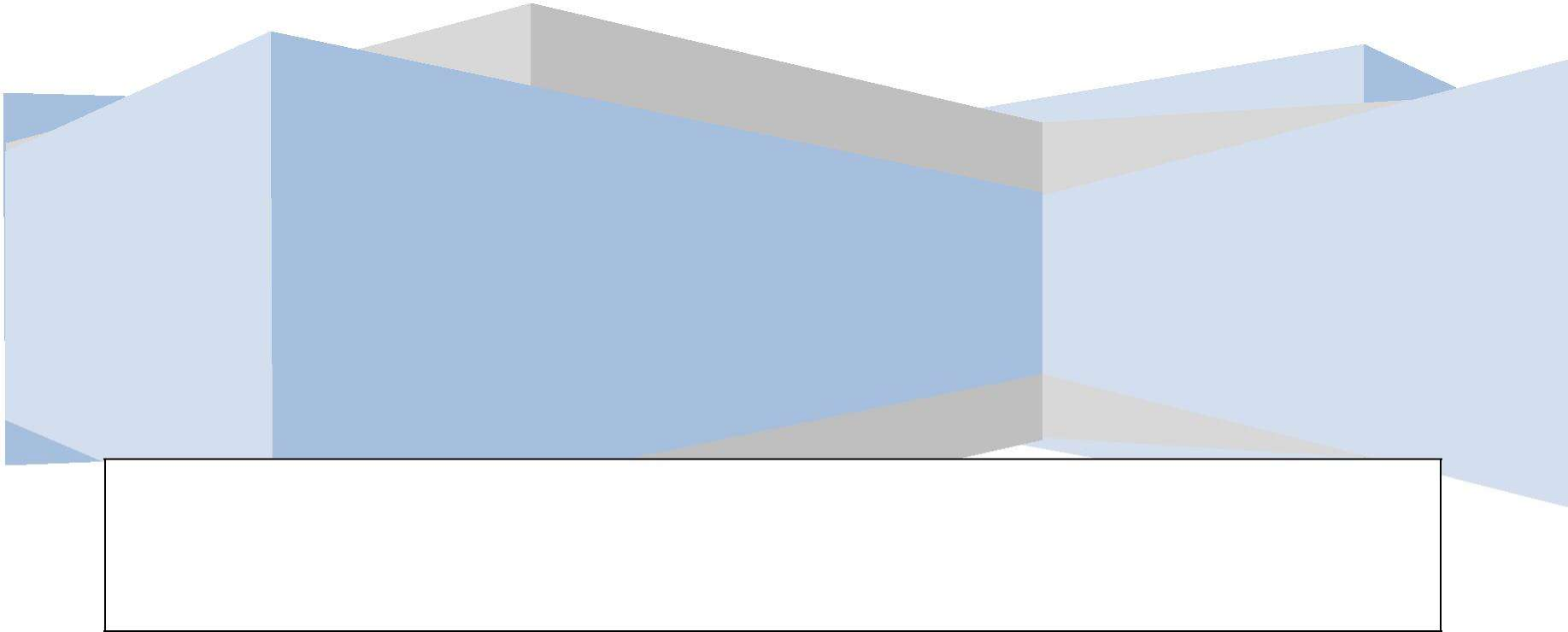
# WORKSHOP ATTENDANCE REGISTRATION FORM

**Fill in this registration form by ticking the boxes as appropriate**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course details** | | | | | | | | | | | | |
| Course name: | |  | | | | Date: | | | | Location: |  | |
| This course will be delivered in English. Are you OK with this? | | | | | | Yes | | | No | | | Other |
| How did you learn about this course? | | | | Poster/leaflet | Email | Relief Web | | | My Supervisor | | | other |
| **Applicant details (Please write your name in CAPITAL LETTERS)** | | | | | | | | | | | | |
| Prof/Dr./Mr/Mrs/Ms | | Full Name: | | | | | | | | | | |
| Please indicate if you if you are employed (*self sponsored participants may*  *omit this part*) | | | | | | | | | Male Female | | | |
| Your Organisation’s Name: | | | | | | | | | Type of work: | | | |
| Type of organisation | | INGO | NGO UN | | CBO | Government Agencies | | | | | | |
| Organisation address: | |  | | | | Phone: | | | | | Fax: | |
| Your Job title: |  | | | | | | Your duty Station: | | | | | |
| Your personal contact | | Phone (s): | | | | | | Email: | | | | |
| **Other information** | | | | | | | | | | | | |
| **What are the 3 key responsibilities in your current job?** (*self sponsored participants may omit this part*) | | | | | | | | | | | | |
| 1.  2.  3. | | | | | | | | | | | | |
| **Please state at least 3 main expectations for attending this course** | | | | | | | | | | | | |
| 1.  2.  3. | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Do you have any “special” needs?** Yes  No | | Hearing | Diet | | Any other? |
| If yes, please specify : |  | | | | |
| **Payment details** | | | | | |
| Course fees (in USD): | Payment by:  Cash Cheque bank transfer | | | Name: | |
| Job title: | |
| Phone: | |
| Email: | |

I Prof/Dr/Ms/Mr./Mrs.-------------------------------------------the ………………………………….(title) agree to pay Asset Africa Institute a total amount of KSHS/USD ………………………….. as payment for cost of workshop participation and certificate only



(Signature/or print your name in full)

***Please send the scanned copy of the completed application form to*** [***info@assetafrica.co.ke***](mailto:info@assetafrica.co.ke) ***for your name to be enrolled on the workshop participation register***

# For more information or enquiries kindly contact:

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