

#  WORKSHOP ATTENDANCE REGISTRATION FORM

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

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| **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?** YesNo | 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*** ***for your name to be enrolled on the workshop participation register***

# For more information or enquiries kindly contact:

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