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REGISTRATION FORM

DELEGATE NAME	JOB TITLE	EMAIL ADDRESS	MOBILE No.

Company sponsored? Yes No (Tick where applicable)

ORGANIZATION: _____

POSTAL ADDRESS: _____ MOBILE NO _____

PHYSICAL ADDRESS: _____

Training fee: KES 90,000 (exclusive of VAT)

Note that fee includes: course material, administrative costs, meals and refreshments for the four days.

TERMS & CONDITION OF REGISTRATION:

Complete and email this form to info@aganoconsulting.com or send it to the address above. All fees MUST be paid in full before start of training and MUST confirmed at **least four (5) working days prior** to the start of the course. Make cheques payable to Agano Consulting (K) Ltd.

AUTHORIZATION

For company sponsorships, the signatory must be authorized to sign on behalf of the contracting organization.

I _____ aver that all given information is correct and confirm that I have read and understood all conditions pertaining to this program

Signed on _____ / _____ /20 _____

Signed _____

Company Stamp _____