

DELEGATE REGISTRATION FORM

ONE REGISTRATION FORM PER ORDER/ORGANISATION/COMPANY

CONTACT INFORMATION OF PERSON IN CHARGE OF DELEGATES REGISTRATION

Name: _____ Job Title: _____

Company/ Organisation: _____

Address: _____

Phone: _____ Email: _____

Name of Seminar: _____ Date: _____

Please indicate here total number of delegates attending in your group: _____

Please state total amount of payment (please write digits in Leones): _____

Cancellation: Substitutions are permitted. No refunds after this booking and confirmation.

Please complete and return this registration FORM to us at least five (5) days to your intended training seminar or event.

Please make cheques payable to African Training Institute and mail it to or make cash payment at

No. 14 King Street, Congo Cross, Freetown. Any questions, kindly call us at 076-716-633/88 or email: info@african-training.com.

For additional information, please visit our website at www.african-training.com. **We are committed to advancing human capital.**

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