



## REGISTRATION FORM \*

Workshop/Training Title: \_\_\_\_\_

Dates: \_\_\_\_\_

Venue & Location : \_\_\_\_\_

**\*Please read carefully, AFRALTI Terms and Conditions below prior to submitting form**

LAST NAME/SURNAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

COUNTRY OF ORIGIN: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

TEL No: Fixed/Mobile No. 1 \_\_\_\_\_

Alt Mobile No. 2 \_\_\_\_\_

official  
contacts  
please

TELEPHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

6/14

SIGNATURE \_\_\_\_\_

### AFRALTI TERMS & CONDITIONS - June 2014

**PLEASE NOTE THAT IN ORDER FOR AFRALTI TO RESERVE A PLACE FOR YOU, PAYMENT OF TUITION IS DUE, IN FULL, UPON RECEIPT OF INVOICE AND PRIOR TO WORKSHOP START DATE**

PAYMENT DETAILS:

Standard Chartered Bank  
 Westlands Branch  
 P O Box 14438  
 Nairobi, Kenya

#### US DOLLARS

Account No: **870 809 6935 200**  
 Currency: **US Dollar**  
 Beneficiary: **AFRALTI**  
 Swift Code: **SCBLKENXXX**

#### KENYA SHILLINGS

Account No: **010 809 6935 200**  
 Currency: **Kenya Shillings**  
 Beneficiary: **AFRALTI**  
 MPESA Pay Bill No: **116126**

**THANK YOU**

Please email this form to: [training@afralti.org](mailto:training@afralti.org)