



REGISTRATION FORM *

Workshop/Training Title: _____

Dates: _____

Venue & Location : _____

Course Fee: _____

***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: Mobile No. 1	_____
Alt Mobile No. 2	_____
TELEPHONE NO.	_____
E-MAIL ADDRESS	_____
How did you get information about this course?	_____ _____
SIGNATURE	_____

official
contacts
please

AFRALTI TERMS & CONDITIONS

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