



Ref: _____
(Seminar Ref. No)

Seminar Registration Form

Organization: _____

Name: _____

Title: _____

Postal Address: _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

Please reserve a place/s on the seminar “.....” for the following participant/s. (Seminar Title)

Name	Title
1.	
2.	
3.	
4.	
5.	

Please note that bookings should be accompanied by payment. Cheques should be payable to “GEARR Consultants Limited”

Kindly acknowledge receipt of KShs _____ Cheque No: _____, Bank _____, as payment for the seminar.

Signature

Contact

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