

EVENT REGISTRATION FORM

Personal Information:	
Last Name:	First Name:
Title:	Job Title:
Email:	Phone #:
Organization Information:	
Organization Name:	
Organization Address:	
Organization Phone #:	
Course Information:	
Event Name:	
Event Start Date:	
Event Venue:	
Hotel & Accommodation:	
[] I will arrange for my own hotel accommodation	
[] I will need assistance with hotel accommodation	1
Contacts	

Dr. Yao Yeboah: 0243-581014/0208-121629; Ms. Hellen Kwakye: 0267-041829/0277041829