



WORKSHOP REGISTRATION FORM

Personal Information:

Last Name: _____ First Name: _____

Title: _____ Job Title: _____

Email: _____ Phone #: _____

Organization Information:

Organization Name: _____

Organization Address: _____

Organization Phone #: _____

Course Information:

Course Name: _____

Course Start Date: _____

Course Venue: _____

Hotel & Accommodation:

I will arrange for my own hotel accommodation

I will need assistance with hotel accommodation

Contacts:

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