

Application/ Nomination Form

Organisation _____

Email address _____

Postal address _____

Phone numbers

Course Title _____

Attendance Month

Preferred Venue _____

	Surname	First Name	Position	Email
Delegate 1				
Delegate 2				
Delegate 3				
Delegate 4				
Delegate 5				
Delegate 6				
Delegate 7				
Delegate 8				
Delegate 9				
Delegate 10				

Attach a separate list in cases where the delegates are more than six (Applications can also be submitted online or by email).

Expected Benefits from participation

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*** I agree that I have read and understood the enrolment and cancellation policy as posted on the ICD website www.icdtraining.com*

Authorised Signature: _____ Position _____ Date: _____

Send Completed Application forms to

The Coordinator

Email: coordinator@icdtraining.com | Fax: +264-61-401445 | +27-12-3236369