

Application/Nomination Form

Organisation: _____

Address: _____

Phone Number: _____

Email Address: _____

Course Title: _____

Attendance Month: _____

Preferred Venue: _____

S/N	SURNAME	FIRST NAME	DEPARTMENT
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 10.

Authorised Signature: _____ **Position:** _____ **Date:** _____

Send Completed Application forms to

The Coordinator

Email: learning@techneo.ng

Phone: 07044559944, 08077060115