

BS Africa Limited

Executive Development Series

Nomination Form

Nominations

Nominations should be made by the sponsoring organization on this form for staff who would want to be part of this training. The completed forms should be returned to the Director immediately. Certificate will be issued at the end of the training.

Please complete the table below:

Name of Organization/ Institution/Association:			
Full Name of Nominated Staff	Position of Staff	Contact Phone #	Email Address
Type organization/Institution/Association			
Date of Registration and Registration Number			
Staff Strength of Organization/Institution/Association			
Location of Organization			
Name of Head of Organization/Institution/Association			
Contact Telephone Number(s) of Head of Organization/Institution/Association			
Email Address of Head of Organization/Institution/Association			

Area(s) of Interest(s) of Organization/Institution/Association	
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Note. The Participation Fee per participant for the entire training is:

1. **For The Law and Medical Practice in Africa Workshop: Non-residential: Ghanaian participants GH¢1,250.00 and US\$480.00 for non-Ghanaian participants (Residential only); and**
2. **For t Statistical Analysis for Healthcare Practitioners and Donor Grants Workshop: Non-residential: Ghanaian participants GH¢1,050.00 and US\$350.00 for non-Ghanaian participants (Residential only).**

Number of Staff Nominated:.....

Total Participation Fees: GH¢.....

Payment Method: Cheque.....Cash.....

NB: You can make several copies of this form as you may deem necessary

Limited spaces available so please book in advance to avoid disappointments.