

# INAUGURAL LEADERSHIP ACADEMY JULY 2nd-8th 2017

# REGISTRATION FORM

**(RETURN BY 31ST MARCH 2017: Email to HERS.ACADEMY@gmail.com)**

1. **PERSONAL INFORMATION**

**Family Name ……………………………………………… First Name………………………………………………**

**Salutation ………………………………………………**

 **Email: ………………………………………………………………………………………………**

**Telephone Nos (including country code): ………………………………………………/………………………………………**

**Country of Residence ………………………………………………**

**NEXT OF KIN**

**Family Name ……………………………………………… First Name………………………………………………**

**Relationship …………………………………………………..**

**Telephone Nos (including country code): ………………………………………………/………………………………………**

1. **PROFESSIONAL INFORMATION**

**Name of Institution……………………………………………………………Position………………………………………………**

 **Address: ………………………………………………………………………………………………………………………………………………………**

1. **PAYMENT INFORMATION**

**Amount Paid: ……………………………………………… Date of Payment: ………………………………………………**

**Bank ……………………………………………… Branch………………………………………………**

**Payment Reference: ………………………………………………**

**Signature: ……………………………………………… Date: ………………………………………………**

1. **FOR OFFICIAL USE ONLY**

**Reference No.**