



KENYA MANAGEMENT AND TRAINING CONSULTANTS

Nairobi West Off Kisauni Road | P.O. Box 352 00200 Nairobi

TEL. +254 (20)2154572

MOBILE: +254770870347 | 0724154767 | +254715364252 | +254705489454 | +254734723048

EMAIL: training@kmtc.co.ke | kenyanagement2003@yahoo.com

Please complete this form and E-mail it back to our office.
You may also produce more copies if required

PART A: COMPANY DETAILS

NAME:.....

CONTRY:.....

POSTAL ADDRESS:.....CODE:.....

TELEPHONE:.....FAX:.....

MAIL:.....

PART B: DELEGATE PARTICIPANTS MANAGEMENT NOMINATION FORM

Serial No.	Names	Designation	Program - Course Seminar Title Including Code No.	Due Date	Committed Expenditure	
					Day Release	Full Board
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Nominating Authority:

(Name and Designation):

Affix Stamp and Signature:

