



INSTITUTE OF HUMAN RESOURCE MANAGEMENT PRACTITIONERS
CONTINUING PROFESSIONAL EDUCATION PROGRAMME
NOMINATION FORM

(Kindly make and use as many copies as necessary. Write in capital letters)

A

1st Participant's Name:.....

Job Title:.....

Phone Number(s):.....

Email Address:.....

Workshop Title:.....

Workshop Date:

Please state food allergies if any:.....

2nd Participant's Name:.....

Job Title:.....

Phone Number(s):.....

Email Address:.....

Workshop Title:.....

Workshop Date:

Please state food allergies if any:.....

B

Nominating Organization:

Name Of Nominating Officer:.....

Job Title.....

Phone number(s):

Date:

Signature & Stamp:

Payment should be made by cheque in the name of the Institute of Human Resource Management Practitioners, Ghana

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