GHACMA TRAINING PROGRAM REGISTRATION FORM

1. **Name:** ……………………………………………………………………
2. **Gender:** ……………………………………………………………………
3. **Academic Qualification:** ………………………………………………
4. **Professional Qualification (Optional): ……………………………………**
5. **Sponsoring Organization/Institution**: ………………………………………….
6. **Address:** ……………………………………………………………..
7. **Type of Training**: ……………………………………………………..
8. **Total Cost:** …………………………………………………………….
9. **Commitment fee:** ………………………………………………………

10. **Declaration:**

I hereby agree to abide by all the ground rules to be decided by participants on the first day of the training program.

I also declare that all information given by me on this application form are true and correct to the best of my knowledge.

11. **Signature:** …………………………………………………………….
12. **Date:** …………………………………………………………………

You can download the registration forms from GHACMA Website (www.ghacma.org), print, fill and submit at GHACMA Office or

Email to: ekudonoo@gmail.com or dorasiawlartey@yahoo.com