



CAREER PROSPECTS LIMITED

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NOMINATION FORM

WORKSHOP TITLE: _____

VENUE: _____

DATES: _____

ORGANISATION; _____

We hereby nominate the under listed persons to attend the above workshop,

	NAME	JOB TITLE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Please find attached, our cheque, in the amount K_____ being participation fees for the same.

Authorised Signatory

Date

Official Stamp