



# INSTITUTE OF CORPORATE GOVERNANCE OF UGANDA

## CORPORATE GOVERNANCE TRAINING REGISTRATION FORM

**Dates:**

March 26/03/2020

April 30/04/2020

May 28/05/2020

All sessions

**Time:** 8:30am - 4:30pm

We would like to nominate the following Directors / Senior Managers to attend the **ABOVE** captioned **PROGRAMME**:

No.	Name	Designation	Email Address	Phone No.
1.				
2.				
3.				

Attach list of participants in the above format.

**Organization:** .....

**Authorising Officer:** ..... **Title:** .....

**Signature:** ..... **Date:** .....

**Payment Method- UShs. Please indicate: -**

Cash: \_\_\_\_\_ Amount: \_\_\_\_\_

Cheque: \_\_\_\_\_ No Bank: \_\_\_\_\_ Amount: \_\_\_\_\_

**Note:** Please return this Form together with the participation fees in either cash or cheque in the names of "Institute of Corporate Governance of Uganda" before the training date to:

*The Chief Executive Officer*  
Institute of Corporate Governance of Uganda,  
Plot 5, Singapore Business Centre,  
P.O. Box 27542, Kampala,  
Tel: +256-414-250-239/7,  
Email: [icgu@icgu.org](mailto:icgu@icgu.org), or [faith.nandago@icgu.org](mailto:faith.nandago@icgu.org)