



INSTITUTE OF CORPORATE GOVERNANCE OF UGANDA

CORPORATE GOVERNANCE TRAINING PROGRAMME REGISTRATION FORM

Venue: Imperial Royale Hotel, Kampala

Dates:

- 22nd August, 2019
- 26th September, 2019
- 24th October, 2019
- 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, or faith.nandago@icgu.org*