



College of Human Resource Management
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NOMINATION FORM

EMPLOYEE AND LABOR RELATIONS SYMPOSIUM

**WEDNESDAY 15TH – 17TH MAY 2019
 AT LAKE NAIVASHA RESORT - NAIVASHA**

We wish to nominate the following of our employee(s) to participate in the above Symposium:

Name of the Organization:

Physical Location:.....

Contact Person:.....

Tel No: Mobile:

Name of the Nominee(s)	Position	Email Address
1.		
2.		
3.		
4.		

Authorized by: *(This booking is invalid without an authorized signature)*

Name:.....

Designation:

PIN No. *(Company or Organisation)*

Signature: Date:

NOTE: Invoices to be requested using the email here-below. Please note that Full payment is expected to be received prior to the event unless previously arranged otherwise by our Training Department

Email scanned copy of the Nomination Form to; bdm@chrn.or.ke

Account Details

Bank Name: Kenya Commercial Bank
Branch: Biashara Street
Account Name: College of Human Resource Management
Account Number: 1180194667
Branch Code: 01
Bank Code: 263
Swiftcode: KCBLKENX

MPESA PAYBILL

Business No: 522123
Account No: 80295K
Followed by: SYMPOSIUM& NAME