



COLLEGE OF HUMAN RESOURCE MANAGEMENT
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NOMINATION FORM
CERTIFIED PROFESSIONAL MEDIATION TRAINING

MONDAY 4TH – FRIDAY 8TH MAY, 2020

AT MACHAKOS GARDENS HOTEL – MACHAKOS COUNTY

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.		
5.		

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; trainings@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