



INSTITUTE OF ACCOUNTANCY ARUSHA

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SHORT COURSE/WORKSHOP NOMINATION FORM

Name of the Organization:

Physical Address:

P.O. Box:

Phone: **Email:**

Short course/Workshop Title:

Dates of the Short course/Workshop:

Please reserve places for the following members of staff from our Organization.

Name of Participant	Designation	Contact telephone	Email address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Name of the Authorizing Officer:..... Signature:

Title:

Official Stamp

Telephone:

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TShs:.....

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Note: Fees to be paid in full before the commencement of the course/workshop.

All Cash/Cheques/Transfers are payable to **Institute of Accountancy Arusha, NBC Bank - Arusha Branch, Account No. 014103007130**