

# Chartered Institute of Administration

(A Professional and Examining Body Chartered by Act No. 103 of 1992 - Now Cap C7 LFN 2004)

**Member, Association of Professional Bodies of Nigeria (APBN)**

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**SPONSORSHIP OF YOUR STAFF FOR OUR 2-DAY WORKSHOP**

**NOMINATION FORM**

**NOMINEE(S) PARTICULARS**

NO.	NAME(S)	POSITION	PROFESSIONAL QUALIFICATION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Name of Employer: .....

Physical Contact Address: .....

Tel: ..... E-mail: .....

Amount Paid: .....

Teller/Bank Draft Number: .....

**AUTHORISING OFFICER:**

Name: .....

Designation: .....

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

**(FOR OFFICIAL USE ONLY)**

Application No: ..... Date Received: .....

Receiving Officer: .....