REGISTRATION FORM Consulting WORKSHOP FOR SENIOR STAFF WORKING IN PUBLIC AFFAIRS, PUBLIC RELATIONS AND CORPORATE AFFAIRS DEPARTMENTS OF BANKS AND INSURANCE COMPANIES IN NIGERIA

DATE: OCTOBER 28 – OCTOBER 29, 2024

VENUE: SHERATON HOTEL & TOWERS, IKEJA, LAGOS

Download and complete the form, scan and email to: abiola.sowole@arrowvilleenergy.com or andrews.jegede@arrowvilleenergy.com

COMPANY DETAILS

| COMPANY NAME | | |
|----------------------------------|-----------------|--|
| | COUNTRY | |
| CITY : | BUSINESS TYPE : | |
| VAT REGISTRA TION NO. | | |
| DELEGATE DETAILS | SURNAME: | |
| | DEPARTMENT: | |
| PHONE NUMBER (Int Dialing Code). | | |
| | | |
| EMAIL 1 | EMAIL 2 | |
| CONTACT FOR PAYMENT | | |

| FULL | |
|---|---|
| NAME : | |
| | |
| | EMAIL : |
| PHONE NUMBER: | |
| | |
| FEES: £3,000 (Three Thousand POUNDS) | |
| <u></u> | |
| The fees include tuition, course material, tea and coffe | e and lunch |
| | |
| | CHEQUES: |
| BANK TRANSFER : | Cheques should be made payable to ARROWVILLE ENERGY LIMITED |
| Account Name : ARROWVILLE ENERGY LIMITED | and paid into the account of ARROWVILLE ENERGY LIMITED |
| Account No : 0013865031 | |
| Bank Name : GUARANTY TRUST BANK PLC | |
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PARTICIPANT IS WELCOME. CANCELLATIONS MUST BE RECEIVED AT LEAST TWO WEEKS BEFORE THE COMMENCEMENT OF THE PROGRAMME.

> Please sign here to confirm you agree with the terms and conditions of booking and payment of fees

> > Signature & Date

WORKSHOP FOR

SENIOR STAFF WORKING IN PUBLIC AFFAIRS, PUBLIC RELATIONS AND CORPORATE AFFAIRS DEPARTMENTS OF BANKS AND INSURANCE COMPANIES IN NIGERIA

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