

TRAINING BOOKING FORM

INDIVIDUAL BOOKING DETAILS	
Participant name	
Employer	
Mobile number	
Email address	
County	
Type of training	
Training dates booked	
Date of payment	

ORGANIZATION/GROUP BOOKING DETAILS	
Name of contact person	
Mobile number	
Email address	
County	
Organization	
Number of participants	
Type of training	
Training dates booked	
Date of payment	

Please return complete form by email via training@nacada.go.ke

NATIONAL AUTHORITY FOR THE CAMPAIGN AGAINST ALCOHOL AND DRUG ABUSE P.O.BOX 10774, 00100 GPO NAIROBI. NSSF BUILDING, BLOCK A, EASTERN WING, 18TH FLOOR TELEPHONE (020)2721997/3; email ceo@nacada.go.ke