

**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 of contact person  |  |
| Organization  |  |
| County |  |
| Number of participants |  |
| Name, Telephone and email addresses of participants  | Name  | Tel. No  | Email address  |
|  |  |  |
| Type of training  |  |
| Training dates booked  |  |
| Date of payment  |  |

**PAYMENT:** Deposit the course fee in the account below:

Account Name: National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA)

Account No.: 0180296330592

Bank: Equity Bank

Bank Code: 068

Swift Code: EQBLKENA

Branch: Community

Pin: P051211631H

VAT: N/A (Appointed Agency)

Registered Office: NSSF Building

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