



College of Human Resource Management
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NOMINATION FORM

THE 5TH CHRm ANNUAL HR SUMMIT

WEDNESDAY 13TH – 15TH MARCH, 2019

AT THE SAROVA WOODLANDS, NAKURU

We wish to nominate the following employee(s) to participate in the above Summit:

Name of the Organization:

Physical Location:

Contact Person:

Tel No: Mobile:

Name of the Nominee(s)	Position	Email Address
1.		
2.		
3.		
4.		
5.		

Authorized by: *(This booking is invalid without an authorized signature)*

Name:

Designation:

PIN No. **(Company or Organisation)**

Signature: Date:

NOTE: Invoices to be requested using the email here-below. Please note that Full payment is expected to be received prior to the event.

Email scanned copy of the Nomination Form to; trainings@chrn.or.ke

Account Details

Bank Name: Kenya Commercial Bank
Branch: Biashara Street
Account Name: College of Human Resource Management
Account Number: 1180194667
Branch Code: 01
Bank Code: 263
Swiftcode: KCBLKENX

MPESA PAYBILL

Business No: 522123
Account No: 80295K
Followed by: CONFR & your NAME