

APPLICANT INFORMATION

Name:		
Date of birth:	Phone:	Email:
Current address:		
City:	State:	ZIP Code:

APPLICANT EMPLOYMENT INFORMATION

Applicant's Job Title:		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

CHOOSE THE COURSE WOULD YOU LIKE TO PARTICIPATE IN?

Warri, Nigeria	April 21-23, 2014	
Accra, Ghana	July 9-11, 2014	
Kampala, Uganda	November 6-8, 2014	

PLEASE LIST THREE TOPICS THAT YOU WOULD LIKE TO FOCUS ON.

PAYMENT METHOD (VISA, MASTERCARD, WIRE TRANSFER)

Please call us at +234802 3270549|8058511591, 7034903679, 8036720776 to pay with your Credit Card. Visa and Mastercard are the only CCs accepted.

Please email office@lite-africa.org if you would like to do a bank/wire transfer.

PLEASE DO NOT SEND CREDIT CARD INFORMATION BY EMAIL AS IT IS NOT SECURE.

SIGNATURE

The above information is true to the best of my knowledge.

Signature of applicant:	Date:
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FOR OFFICE USE ONLY

Application Approved by:	Date:
Payment has been Received:	Date: