

FEES: GHS500 per participant

## ATTENDEE DETAILS

PLEASE COMPLETE IN BLOCK CAPITAL LETTER

	Fees paid would cover tuition and course materials.
Prof. Dr. Mr. Mrs. Ms.	It is recommended that payment of the fees be
Last Name	made before the date of the workshop.
	Proof of payment would be required before a
First Name	participant would be allowed into workshop
	Payments can be made at any of the FDA offices countrywide
Institution	<b>PAYMENT METHODS</b> : Cash/Banker's draft to any of FDA's offices nationwide.
Position/Role	
Position/Role	Or
	Bank transfer to: Bank of Ghana, A/C No.
Postal Address	1018631529507, swift code: BAGHGHAC
	Nominees are expected to pay by Friday, 5 <sup>th</sup> August
Telephone	2022 to enable the FDA make suitable arrangements for their participation.
(Mobile)	
Email*	
В	By Signing below, I confirm that I agree with FDA's Terms

\* (Required for Confirmation)

and Conditions of attendance

Signature	Date

All cancellations must be made in writing and must be received at the FDA Head Office for at least fifteen (15) working days prior to the event start date.

## **Transfer Policy**

You may transfer your registration to a colleague prior to the start of the event. Please notify the FDA office of any such substitutions as soon as possible.

## **Photography Policy**

By attending the event, you give permission for image of you, captured during the conference through video, photo, and/or digital camera, to be used by FDA in promotional materials, publications, and website.