

Event Attendance Booking Form

Attention: CIMA Ghana
Email: accra@cimaglobal.com

REGISTRATION DETAILS

Event Details			
Event Name			
Event Date		City/Province	

Delegate's details			
Name of Delegate			
CIMA contact ID		Daytime Telephone	
Mobile Number		Fax Number	
Email address			
Company Name			
Dietary	Vegetarian	Halaal	Kosher

☐ I will attend the event.

☐ I will not be able to attend the event.