

**TRAINING BOOKING FORM**

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| --- | --- |
| **INDIVIDUAL BOOKING DETAILS** | |
| Participant name |  |
| Employer |  |
| Mobile number |  |
| Email address |  |
| County |  |
| Type of training |  |
| Training dates booked |  |
| Date of payment |  |
| KRA Pin Number (institution) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 ***(Mandatory to complete booking process)*** | Name | Tel. No | Email address |
|  |  |  |
| Type of training |  | | |
| Training dates booked |  | | |
| Date of payment |  | | |
| KRA Pin Number (institution) |  | | |

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

Account Name: 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](mailto: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](mailto:ceo@nacada.go.ke)