



College of Insurance | P.O.Box 56928 – 00200 | Telephone: +254 722 509759, 734 600320
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SHORT AND MANAGEMENT COURSES

(To be forwarded to the Course Coordinator, College of Insurance at least two weeks before course/seminar commencement)

Title of Course/Seminar

Seminar Dates: _____

Details of Sponsor

Institution _____

Address _____ E-mail/Address _____

Contact person _____

Details about Nominee

Name: _____

Address: _____ Postal _____

Phone _____ E-mail _____

Fax _____

Nationality _____ Sex _____ Age _____

Designation _____ Academic qualification _____

Professional qualification _____

Mode of Payment (Please Tick One)

Invoice Cheque

Please make cheques payable to: **COLLEGE OF INSURANCE**

All fees must be received at least one week prior to commencement of the course.

MEDICAL INFORMATION

Brief medical history

Specify diet limitations

Next of kin or person to be contacted in case of sickness

Name _____ Address _____

Phone _____ E-mail _____

Accommodation Status

Resident: Yes No

If yes

Arrival date and time

Departure date and time _____
