



## SUPPLIER REGISTRATION FORM (e-Procurement)

NAMES	
COMPANY	
TELEPHONE	
EMAIL	

*Select the Date you would like to be trained:*

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MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
23/04/2018	24/04/2018	25/04/2018	26/04/ 2018	27/04/ 2018

*Select the Town you would want to be trained:*

\_\_\_\_\_

NAIROBI	
NAIVASHA	
EMBU	
KISUMU	
MOMBASA	

DATE: ..... SIGNATURE .....