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**Afropages Consult Nig. Ltd.**

**ISSN-2408-6797**

**Registration Form**  **Attach Passport Photograph**

*Afropages Consult Company gives you the opportunity to be trained and learn the necessary skills needed in your area of interest or specialization.*

**PART A**

*Please fill this form and choose your field from the categories listed below*

Full name: ------------------------------------------------------------------------------------------------------

Home /Office Address: --------------------------------------------------------------------------------------

Contact Number: ----------------------------------------------------------Date: -----------------------------

Gender: Male Female Email address: ------------------------------------------------

**PART B**

Tick your area of interest

1. Web Design
2. Graphic Design
3. Audio and video editing
4. Bead making
5. Soap making
6. Vocal and Musical instrument
7. Cake Decorating
8. Fishery
9. Mentorship

**NB:**

1. The cost of the training will be determined by your area(s) of interest.
2. Certificates will be awarded at the end of the training.
3. Check your venue and the description of your training attached with the form.
4. Photocopy the two forms, keep one for yourself and submit one

*Call us on: 08034437263, 08115665097*

*Contact Address: Barr. Collins Aimuan Rd. before Grace Garden Int’l Schl., Gudaba, Kuje.*