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IGR WORKSHOP FOR TERTIARY INSTITUTIONS IN NIGERIA

DELEGATES' NOMINATION FORM. 1st – 2nd NOV. 2016

NAME OF INSTITUTION.....

NAME OF VICE CHANCELLOR.....

NAME OF DELEGATES (There is no minimum or maximum):

S/NO	NAMES	DESIGNATION	REMARKS (optional)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

NAME OF CONTACT PERSON.....

PHONE/EMAIL OF CONTACT PERSON

SIGNATURE OF CONTACT PERSON

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