



**HEALTH LEADERS' TRAINING PROGRAMME**

**REGISTRATION FORM FOR A WORKSHOP TO BE HELD ON 13<sup>th</sup> – 17<sup>th</sup> NOVEMBER 2023 AT UNIVERSITY OF IOWA, IOWA, USA**

This form is to be printed, filled out, stamped, scanned and emailed to [info@cligafrika.org](mailto:info@cligafrika.org)  
Please ensure that all sections are filled in BLOCK CAPITALS or check [✓] where applicable.

**A. PERSONAL INFORMATION**

**Title:** ..... **Surname:** .....

**Other names:** .....

**Gender:** Male [ ] Female [ ]

**Phone number:** .....

**Email:** .....

**Postal address:** .....

**City/ State/ County:** .....

**Country:** .....

**Institution:** .....

**Position held:** .....

**B. NOTE**

- i. Upon registration and payment of deposit, participants will be issued with letters to help obtain travel documents and apply for a USA VISA.
- ii. Participants shall meet the cost of travel. *(From their Home Countries to Iowa, USA and back).*
- iii. Accommodation charges at the University of Iowa will range between \$80 and \$100 per night (bed & breakfast); cost to be met by participant.
- iv. Participants are advised to arrange for their insurance cover and obtain the required travel documents/ logistics.

**Attendee's signature:** ..... **Date:** .....

**Institution's stamp**

*Registration closes on 30<sup>th</sup> September 2023*