



UNIVERSITY LEADERS' TRAINING

REGISTRATION FORM FOR UNIVERSITY LEADERS' TRAINING TO BE HELD AT THE UNIVERSITY OF IOWA, USA, (10<sup>th</sup> - 15<sup>th</sup> NOVEMBER 2025)

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

A. PERSONAL INFORMATION

- i. Title: ..... Surname: .....
- ii. Other names: .....
- iii. Gender: Male [ . ] Female [ ]
- iv. Phone number: .....
- v. Email address: .....
- vi. Name of Institution: .....
- vii. Position held: .....
- viii. Postal address: .....
- ix. City/ State/ County: .....
- x. Country: .....

B. NOTE

- i. This form is for registration purposes only. Payment details are included in the attached invoice. The only payment to be made directly to CLIG Africa is **US \$3,500**, which covers the training fee.
- ii. To facilitate organization logistics, a 70% deposit (US \$240) should be **paid by 19<sup>th</sup> September 2025 and the 30% balance should be cleared by 10 October 2025.**
- iii. Participants are responsible for their own travel expenses to and from Iowa, USA, including shuttle services between the airport and the hotel.
- iv. Accommodation will be arranged at a negotiated rate at a hotel near the training venue. To secure a room, participants must confirm their accommodation needs. The participant will pay for **shuttle service and hotel accommodation directly to the service provider.**
- v. Participants are advised to handle their own insurance cover, obtain the required travel documents and attend to any necessary travel logistics.
- vi. Obtain the necessary travel documents, and manage all related logistics.

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

Institution's stamp