

[Course Sponsorship Form]

Alibella Consulting

Title of Course: _____

COURSE SPONSORSHIP FORM

Our organization has agreed to support the participation of the candidate whose name appears below to the above mentioned course

The course fee of.....only will be forwarded to Alibella Consulting on or before[Date of the Training]

Name of Candidate:_____

Organization of Candidate:_____

Designation of Candidate:_____

Name of Sponsoring Agency:_____

Nature of Sponsoring Agency, NGO, Institution etc.:_____

Address of Sponsoring Agency:_____

Tel:_____ Fax:_____ Email:_____

Name of Officer (of Sponsoring Agency Responsible):_____

Designation:_____ Personal Telephone:_____

Personal Email:_____

Signature:_____ Date:_____

Note: *That for organizations supporting more than one candidate separate sponsorship forms should be completed and forwarded to Alibella Consulting*