

## 2020 Diversity & Inclusion Summit Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
15th - 17th Apr, 2020	8:30 AM-11:30 AM	3 Day(s)	Zoom Webinar, Zoom	-	38,280.00

### Course Overview

### Course Objectives

By the end of this program, participants will be able to;

### Target Groups

This training is suitable to a wide range of professionals but will greatly benefit;

### Video Link(s)

Module Title	Video Link
--------------	------------



**CHRP. Den PN Gathitu**

**Secretary General**

**Academy of Certified Human Resource Professionals**

To:	PROFORMA INVOICE	DATE: 31:01:2026

QTY	DESCRIPTION	NET (KES)	VAT (KES)	GROSS (KES)
1	<b>2020 Diversity &amp; Inclusion Summit</b> training from <b>15th - 17th Apr, 2020</b> at <b>Zoom Webinar, Zoom</b>	38,280.00	6,124.00	44,404.00
<b>GROSS (KES):</b> Forty Four Thousand Four Hundred Four And Eighty				<b>44,404.80</b>

PARTICIPANT(S) DETAILS			
NO.	NAME	EMAIL ADDRESS	TELEPHONE

PAYMENT DETAILS		
<b>M-PESA Pay Bill No: 247247   Account No.: 300245   Amount: KES 44,404.80</b>		
BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER
Equity Bank	Academy of Certified Human Resource Professionals Ltd	1 2 9 0 2 7 1 2 4 5 7 5 3
<b>Bank Branch:</b> Kenyatta Avenue	<b>Branch Code:</b> 129	<b>Swift Code:</b> EQBLKENA

FUNDING CONFIRMATION / TAX DETAILS	
I, the undersigned, confirm that funds are available for the above training.	
Name of Organization: .....	
Org. KRA PIN: ..... Org. Mobile No.: .....	
Confirmed By: ..... Position: .....	
Signature: ..... Date & Stamp: .....	

NOTE THAT:	
1. Only those Delegates whose fees have been paid in full will be allowed to the event	
2. Send a scanned copy of the duly completed Nomination Form to <a href="mailto:admin@achrp.org">admin@achrp.org</a>	
The above training Cost does not include Transport & Accommodation	