



**EARLY CHILDHOOD DEVELOPMENT AND EDUCATION (ECDE)  
TEACHERS TRAINING WORKSHOP** *(Promoting Inclusive Practice to Deliver Competency Based Curriculum)*

**REGISTRATION FORM**

---

Name: \_\_\_\_\_

Name of the Institution: \_\_\_\_\_

Gender:      M                         F  

Education Level: Certificate  Diploma  Degree  Others: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

City/Town \_\_\_\_\_

Email: \_\_\_\_\_

Registration Fee: 4000.00 per day  
*(This is inclusive of the Meals, Workshop Materials and Certificate)*

---

Date: \_\_\_\_\_

Signature of the participant: \_\_\_\_\_