

OFFLINE TRAINING REGISTRATION FORM

Your Next Big Move Starts Here

Whether it's strategy, training, or advocacy, the first step is simple — set the date, tell us your vision, and let's create the plan to make it happen.

Organization Name

First Name

Last Name

Email

Phone Number

Training Course

ATTENDEES

No.	First Name	Last Name	Email	Phone Number	Organization	
1						
2						
3						
4						
5						

Note: After filling, please resubmit to training@akiliworks.com.

PAYMENT METHOD OF CHOICE

☐ Pay Online

☐ M-Pesa

☐ Card Payment

☐ Cash Payment

PREFERRED DATES

From

To

Year

COUNTRY / CITY

Country / City

SPECIAL REQUEST