



**GHANA COMMUNICATION TECHNOLOGY UNIVERSITY
(GCTU)**

CENTRE FOR PROFESSIONAL DEVELOPMENT (CPD)

REGISTRATION FORM

PERSONAL DETAILS

Name _____
Last Name First Name Other Names

Gender Male Female

Title _____ Organisation _____

Name of Training Programme: _____

Address _____

Phone Number _____ Fax _____

Email _____

Date: Applicant's Signature.....