



## PUBLIC SERVICES COMMISSION

### REGISTRATION FORM FOR PUBLIC SERVICES COMMISSION TRAINING PROGRAMME

Date: *To be communicated later*

Venue: Civil Service Training Centre, Accra

#### Participant's Contact Information:

<input type="checkbox"/> Rev. <input type="checkbox"/> Professor <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
First Name:	Last Name:
Job Title:	
Organization:	
Work Phone:	Mobile:
Email:	
Course(s):	
a)	
b)	
c)	
d)	

#### Please return this form to:

Room No. 513, Fifth Floor,  
Public Services Commission Building,  
Accra.

Telephone: 0243752464

Email: [george.ofori@psc.gov.gh](mailto:george.ofori@psc.gov.gh) or [georgeaze@yahoo.co.uk](mailto:georgeaze@yahoo.co.uk)

