

## Conflict Management Training

| Date                | Time             | Duration | Venue  | CPD | Cost (Excl. VAT)PP |
|---------------------|------------------|----------|--------|-----|--------------------|
| 6th - 7th Jul, 2021 | 8:30 AM-11:30 AM | 2 Day(s) | , Zoom | 2   | 2,000.00           |

## 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 |
|--------------|------------|
|--------------|------------|

*Den PN Gathitu*

**CHRP. Den PN Gathitu**

**Secretary General**

**Academy of Certified Human Resource Professionals**

DATE: 03:11:2025

PROFORMA INVOICE

Invoice To:

| Organization Name | Phone Number | Email Address |
|-------------------|--------------|---------------|
|                   |              |               |

| QTY                                             | DESCRIPTION                  | NET (KES) | VAT (KES) | GROSS (KES)     |
|-------------------------------------------------|------------------------------|-----------|-----------|-----------------|
| 1                                               | Conflict Management training | 2,000.00  | 320.00    | 2,320.00        |
|                                                 |                              |           |           |                 |
| <b>GROSS:</b> Two Thousand Three Hundred Twenty |                              |           |           | <b>2,320.00</b> |

**\*\*\*PAYMENT DETAILS\*\*\***

**Pay Bill No:** 247247 **Account No.:** 300245 **Amount:** KES 2,320.00

**Bank Name:** Equity Bank  
**Account Name:** Academy of Certified Human Resource Professionals Ltd  
**Account Number:** 1 2 9 0 2 7 1 2 4 5 7 5 3

**NOMINEE DETAILS**

We wish to Nominate our employee(s) listed below to attend the above training:

| # | NAME | EMAIL ADDRESS | TELEPHONE |
|---|------|---------------|-----------|
|   |      |               |           |
|   |      |               |           |

**NOMINATION AUTHORIZATION & FUNDING CONFIRMATION**

I, the undersigned, authorize this nomination and confirm that funds are available for this training.

Name of Authorizer: .....

Position: .....

Mobile Phone No.: ..... Email Address:.....

Organization KRA PIN: ..... Signature:.....

Date: ..... Stamp:.....

Email this document to [admin@achrp.org](mailto:admin@achrp.org)

**NB:** No credit facilities. Full payment is required before participation.