

**REGIONAL TRAINING WORKSHOP ON THE
ESTABLISHMENT AND OPERATIONALISATION OF THE COMMONWEALTH KNOWLEDGE
NETWORK & CLEARING-HOUSE MECHANISM**

ZOMBA, CHANCELLOR COLLEGE, UNIVERSITY OF MALAWI, 26-30 NOVEMBER 2001

REGISTRATION FORM

(Please type or use block capitals)

*Affix
recent
photograph*

1. **Name:** (Prof/Dr/Mr/Mrs):
2. **Date & Place of Birth:**
3. **Nationality:**
4. (a) **Organisation:**
- (b) **Address:**
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- Tel: Fax: E-mail:
5. **Home Address:**
-
- Tel: Fax: E-mail:
6. (a) **Passport No:** (b) **Place & Date of Issue:**.....
7. **Educational Qualifications** (where applicable):
 Highest Degree: Year of Award:
- University: Field of Study:
8. (a) **Date when CKN or CHM National Focal Point Established (if any) :**.....
- (b) **CKN/CHM Facilities Installed (computers, internet, etc.):**.....
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- (c) **Brief Description of CKN/CHM Activities:**.....
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- (d) **Web site Address (if any) :**

9. Skills Required for the CKN or CHM National Focal Point:.....

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10. Signature: Date: