



CCOD & CUCG  
PARTNERSHIP



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# MASTERY IN ORGANISATIONAL DEVELOPMENT AND APPRECIATIVE LEADERSHIP (MODAL)

## REGISTRATION FORM

*\*Please fill all fields in block letters*

Full Name: .....

.....

Profession: .....

Organization: .....

Highest Qualification: .....

Full Address: .....

Telephone: ...../.....

Email: .....

Do you have any background or experience in Organizational Development (OD)?

Yes[ ] No[ ]

If Yes, briefly tell us about your background or experience in Organizational Development (OD).

SIGNATURE: .....

DATE: .....

*\*Payments may be made using the following Account Details:*

**University College for Community & Organisational Development – 6011702783 – Zenith Bank – Sunyani**

