

INSTITUTE FOR CHARTERED ENTREPRENEURSHIP CONSULTANTS OF NIGERIA

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Affix
Passport

REGISTRATION FORM

Surname: _____

Other Name: _____

Address: _____

Qualification: _____

Profession: _____

Position: _____

Tel No: _____ Email: _____

PROGRAMME INSTRUCTION

- The completed application form should be return to the ICECN office accompanied with appropriate fees.
- All payments should be made to FCMB A/C Name: ICECN A/C No: 2949974018
- ICECN will assist you to acquire successful leadership; especially, qualities designed specifically to lead you through your success path in life.

Membership No: _____

Your Signature: _____