



INSTITUTE OF  
PUBLIC RELATIONS  
GHANA  
Image Is Everything

# 2024 ACCREDITATION REGISTRATION FORM

## COHORT II

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Address: \_\_\_\_\_

Organization: \_\_\_\_\_

Designation: \_\_\_\_\_

Membership Category: \_\_\_\_\_ Number: \_\_\_\_\_

1. Are you in good standing? Yes  No  (Tick)

2. What level are you registering for? Level I  Level II  Level III  (Tick)

3. State your academic qualification, year obtained and institution that awarded the certificate

NAME OF CERTIFICATE	YEAR OBTAINED	AWARDING INSTITUTION
1.		
2.		
3.		
4.		
5.		