



KENYA INSTITUTE OF SUPPLIES MANAGEMENT

Regional Chapter Formation

REGIONAL CHAPTER.....

DATE:

A: PROPOSER & SECONDER

SN	KISM NO.	LICENCE NO.	NAME	EMAIL	ORGANISATION	PHONE	SIGN

B: SUPPORTERS

SN	KISM NO.	LICENCE NO.	NAME	EMAIL	ORGANISATION	PHONE	SIGN
1							
2							
3							
4							
5							
6							
7							

“Promoting Professionalism in Supply Chain Management”

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