

OPEN ENROLLMENT PROGRAMS

REGISTRATION FORM

Name of the Workshop	
Date of the Workshop	
# of Participants Nominated	

Details of the Sponsoring Officer	
Name of the Sponsoring Person	
Designation	
Organization	
Business Address	
Telephone	
Fax	
Cell	
E-Mail	

We wish to register the mentioned delegate/s for the workshop.

Payment Method: Cheque Pay Order Online Payment[1]

Cheque #: _____ **Amount:** _____

Name of the Sponsoring Official: _____

Signature of the Sponsoring Official: _____

Date: _____

Note: Please return a scanned copy of the completed form to Asst. Manager, IBA Center of Executive Education, Garden/Kayani Shaheed Road, Karachi along with a Cheque/Pay Order drawn in the name of Institute of Business Administration (cash payment is not accepted).
The nomination form can be faxed or e-mailed to: ceeinfo@iba.edu.pk.
IBA reserved the rights for cancellation of any workshop in case of any contingency. Please note that the registration is limited on first come first serve basis, therefore, confirm your registration **5 days before the workshop**.

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Participants' Details	
Participant # 1	
Name	
Designation	
Department	
Mobile Number	
Email Address	
Car Registration #	
Participant # 2	
Name	
Designation	
Department	
Mobile Number	
Email Address	
Car Registration #	
Participant # 3	
Name	
Designation	
Department	
Mobile Number	
Email Address	
Car Registration #	
Participant # 4	
Name	
Designation	
Department	
Mobile Number	
Email Address	
Car Registration #	

(1) **Online Payment** http://iba.edu.pk/iba_online_fee/iba_online.asp

For more information, please visit our website: www.iba.edu.pk or call our experienced advisors

Contact: Center for Executive Education, Institute of Business Administration
City Campus, Garden/Kayani Shaheed Road, Karachi, Pakistan.

Tel: (021) 38104700 (Ext:1801/1804/1805/1806)

Email: smuhammad@iba.edu.pk , ceeinfo@iba.edu.pk

****In case of cancellation of nominations, please inform us at least 3 days before the workshop.**