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## IBA Business English Department

Registration Form

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Name of the Program \*

Program Date

Number of Participants Nominated \*

Details of the Sponsoring Officer (or person to whom invoice will be sent)

Name of the Sponsoring Person \*

Designation \*

Organization

Business Address

**Telephone No. (res/ cell number) \***

**Fax**

**Preferred E-mail \***

**Payment Method:**

- Cheque
- Pay Order

Note: You can submit a Cheque/Pay Order drawn in the name of "Institute of Business Administration" at the Business English Department (cash payment is not accepted).

**Designation & Organization of Parent/Guardian**

**Cheque #**

**Cheque Amount**

**Name of the Sponsoring Official**

**Date**

## Cancellation Policy

In the event of participant cancellation, the following schedule will apply:

5 days before start of workshop	No cancellation fee
Within 4 days prior to workshop	Half program fee forfeiture
No Shows	Full program fee forfeiture

Cancellation notification must be made in writing to Business English Department. Replacements will be taken at least 2 days prior to the workshop. In case, we are unable to accept your application, your payment (cheque/draft) will be returned to you.

IBA reserves 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.

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

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## Participants' Details

Please fill all sections in Block capital. Please make sure correct Name Spellings for Certificates.

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### Participant # 1

**Name \***

**Designation**

**Department**

**Mobile Number \***

**Postal Address**

**Upload 1"x1" Photograph \***

No file selected

**E-mail \***

**Car Registration # (if any)**

**IBA Alumni**

- Yes  
 No

**If yes, Batch/Program**

**Participant # 2**

**Name**

**Designation**

**Department**

**Mobile Number**

**Postal Address**

**Upload 1"x1" Photograph**

No file selected

**E-mail**

**Car Registration # (if any)**

**IBA Alumni**

- Yes
- No

**If yes, Batch/Program**

**Participant # 3**

**Name**

**Designation**

**Department**

**Mobile Number**

**Postal Address**

**Upload 1"x1" Photograph**

No file selected

**E-mail**

**Car Registration # (if any)**

**IBA Alumni**

- Yes
- No

**If yes, Batch/Program**

For more information, please visit our website: [www.iba.edu.pk](http://www.iba.edu.pk) or call the contact person at the details given below.

**Contact Person:**

**Feryal Zahid**

**Assistant Manager, Business English and Skills Development Program**

Institute of Business Administration.

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