

## REGISTRATION FORM

Name of Workshop: \_\_\_\_\_

Date of Workshop: \_\_\_\_\_

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

Business Address:

\_\_\_\_\_  
\_\_\_\_\_

Business Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Company E-Mail: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

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

Payment Method: Cheque  Pay Order  Bank Draft

Cheque #: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of the Sponsoring Official: \_\_\_\_\_

Signature of the Sponsoring Official: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return the completed form to Coordinator, 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 to 021- 99215528 or e-mailed to: [smuhammad@iba.edu.pk](mailto:smuhammad@iba.edu.pk)*

**Participants' Details:**

- 1) Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
- 2) Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
- 3) Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
- 4) Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*For added participants kindly copy this form.*

*Please note: Participation will be confirmed on receipt of registration fee.*