



Performance Monitoring of Industrial Pumps

3-Day Technical Program (14 - 16 February 2018)

REGISTRATION FORM

Full Name: _____

Organization:

Designation:

Professional Experience (total no. of years): _____

Your current responsibilities in the organization:

Qualification:

CNIC:

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Address:

City: Office Land Line:

Cell No: _____ **E-mail:** _____

Thank you!

- On receipt of the application, an acknowledgement E-mail shall be sent to you.
- Registration shall be closed on **31st January 2018**.
- On receipt and realization of the program fee (by Banker's Draft / Cheque), the nomination shall be confirmed.
- A program “invite” with complete details (Venue, contact person and detailed instructions) shall be communicated shortly thereafter.