

## **FAUJI FERTILIZER COMPANY LIMITED**



## Best Maintenance Practices - Centrifugal & Reciprocating Compressors

3-Day Executive Program (18 - 20 September 2017)
REGISTRATION FORM

| Full Name:*   |                   |  |
|---|-------------------|--|
| Organization:*_                                     |                   |  |
| Designation:*                                       |                   |  |
| Professional Experience (total no. of years):*      |                   |  |
| Your current responsibilities in the organization:* |                   |  |
|   |                   |  |
|   |                   |  |
| Qualification:*_                                    |                   |  |
| CNIC:*  |                   |  |
| Address:*   |                   |  |
|   |                   |  |
| City:*  | Office Land Line: |  |
| Cell No:*   | E-mail:*          |  |

## Thank you!

- o On receipt of the application, an acknowledgement E-mail shall be sent to you.
- o Registration shall be closed on **31<sup>st</sup> Aug 2017**.
- On receipt and realization of the program fee (by Banker's Draft / Cheque), latest by 10<sup>th</sup> Sep 2017, the nomination shall be confirmed.
- o A program "invite" with complete details (Venue, contact person and detailed instructions) shall be communicated shortly thereafter.
- o \* Compulsory fields.