

Instrumentation – Machinery Monitoring System & Control Valves

4 Days Technical Program

(Aug 26 - 29, 2019)

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!

- $\circ~$ On receipt of the application, an acknowledgement E-mail shall be sent to you.
- $\circ~$ On receipt and realization of the program fee (by Banker's Draft) the nomination shall be confirmed.
- A program "invite" with complete details (Venue, contact person and detailed instructions) shall be communicated shortly thereafter.