

Advanced Microsoft Excel Data Analytics, BI and Reporting

(Aug 5 - 7, 2019)

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.
- 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.