

Operational Practices – Turbines and Engines

3-Day Executive Program (Nov 22-24, 2017)

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.
- * Compulsory Fields.