

# Instrumentation – Machinery Monitoring System & Control Valves

3-Day Technical Program (7 - 9 May 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.
- 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.