

Registration Form

Workshop : **School Trustee Workshop**

Dates : **February 15th - 16th, 2011**

Name (In capital) : _____

Date of Birth : _____ (DD)/ _____ (MM)/ _____ (YYYY)

Designation : _____

Organization/Institution: _____

Address : _____

City : _____

Country : _____ Pin Code: _____

Fax : _____

Phone : (O) _____ (R) _____

Mobile : _____

Email : _____

Cheque/DD No: _____ Bank Name: _____

(If you are not self sponsored)

Sponsored By :

Signed by sponsor :

Phone No. of sponsoring authority: (O) _____ (R) _____

(Mobile) _____