**REGISTRATION FORM**❖

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  |  |  |
|  | Title – Mr/Ms/Dr/Prof | Family Name | First and middle name |
|  |
| **Nationality:** |  | **Phone:** |  | **Fax:** |  |
|  |  |  | (include County and Area Code) |  | (include County and Area Code) |
| **Email:** |  | **Gender:** | Male / Female |
|  |  |  | (delete accordingly)\* |
|  |
| **Organization:** |  | **Department:** |  |
|  |
| **Postal Address:** |  |
|  |
| **Do you wish to present a research paper at the workshop?** | Yes / No |
|  | (delete accordingly)\* |
|  |
| **Title of the Paper:** (if you choose “Yes” above) |  |
| **Author(s):** |  |
|  |
| **Meal Preference:** | Vegetarian / Non-vegetarian (delete accordingly)\* |

❖The form is in ‘Table’ format for easy and formatted filling. So please fill in the space provided.

\* Highlight the text to be deleted using mouse and delete it checking ‘Strikethough’ under ‘Font’

Once the form is filled please convert it into pdf file and send it to IWPDA2009 Secretariat by email, mail or fax at the email/mailing/fax address giving in the footnote.

If you have difficulty converting it into pdf format then you may just save and send the file in Microsoft Word 97-2003 format.