

Workshop Nomination Form

Workshop(s) registered for: _____

Full Name/ Preferred Name: _____

Organization: _____

Designation/ Title: _____

Contact Nos: _____

Email Address: _____

Most Recent Academic/ Professional Certification: _____

Years of Experience: _____

Areas of Expertise: _____

Reading Interests: _____

Last International Workshop Attended: _____

Specific Learning Objectives from this Workshop: _____

Please confirm that you are bringing a laptop to this Workshop: _____

Caffeine Preference: Coffee Tea

Please Email or Fax back to

Alchemy Technologies at 166 Block 7/8, KMCHS, Karachi Fax: +92 21-3455 6447

Consultnomics FZE at RAK Al Nakheel, Business Park - BC II, RAK Free Trade Zone, Ras Al Khaima 16111, United Arab Emirates

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