

REGISTRATION FORM
2nd ICTC 2009

Participant Speaker

Name:

First Name:	Last Name:
Name on Badge:	

Contact:

Contact Address:	
City:	State/Province:
Country:	Zip Code:

Contact Address:

Ph. #	Mob. #
Fax #	E-mail:

Employ:

Name of Employer:

Student:

Name of Institute:

Note: Participation fee only through Cheque, Draft, or Online deposit

Proof of payment enclosed: Yes No

Amount: _____

Cheque Draft Online

Draft or Cheque should be in favour of University of Management and Technology, Lahore, Pakistan

For online deposit:

Account numbers:

A/C # 130-2042002-001

A/C Title: University of Management and Technology, Lahore, Pakistan

Faisal Bank Ltd, New Garden Town Branch, Lahore, Pakistan

Or

A/C#: 00070081 -049237-01- 9

A/C Title: University of Management and Technology, Lahore, Pakistan

Bank Al Habib Ltd, New Garden Town Branch, Lahore, Pakistan

Cheque / Draft / Online Receipt No: _____

Name of Bank: _____

Signature: _____ Date: _____