



**REGISTRATION FORM**

Name:

Designation:

Organization/Institution:

Qualification:

Address: Cell:

Email:

**REGISTRATION FEES FOR CONFERENCE:**

*Please tick the appropriate box*

|  |  |  |
| --- | --- | --- |
| SZABIST Students and Faculty | Rs. 1500/- |  |
| Students from Other Universities | Rs. 3000/- |  |
| Faculty and Other Professionals | Rs. 5000/- |  |
| Late Registration Fee | 20% extra[[1]](#footnote-2)\* |  |
| Walk in Registration Fee | 50% extra[[2]](#footnote-3)\* |  |

**REGISTRATION FEES FOR PRE-CONFERENCE RESEARCH WORKSHOP:**

*Please tick the appropriate box*

|  |  |  |
| --- | --- | --- |
| SZABIST Students and Faculty | Rs. 1000/- |  |
| Students from Other Universities | Rs. 1500/- |  |
| Faculty and Other Professionals | Rs. 2000/- |  |

 **PAYMENT DETAIL:**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank | Account Title | Account Number | Branch  |
| Standard Chartered Bank | SZABIST Karachi Campus               | 08-3861732-01 | Teen Talwar Branch, Clifton, Karachi  |
| Habib Bank | SZABIST Karachi Campus                | 00337900529301 | Kehkashan Branch, Boat Basin, Karachi  |

Signature of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. [↑](#footnote-ref-2)
2. [↑](#footnote-ref-3)