



**Library Information Services  
COMSATS Institute of Information  
Technology  
CIIT, Islamabad**

**Registration Form for Training Workshop on Providing Quality Services**

**July 12-13, 2011**

**Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Name of Organization/Institution/University:** \_\_\_\_\_

**Qualification:** \_\_\_\_\_ **Professional Experience:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Ph:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Mode of Payment:**

**Bank Draft/Pay Order:**  **Cash:**  **Other:** \_\_\_\_\_

**Number of Bank Draft/Pay Order:** \_\_\_\_\_

**Note:** *Please make a bank draft/pay order payable to COMSATS Institute of Information Technology*

- *Last date for submission of registration forms is July 2, 2011.*
- *Submission of registration form with fee will be considered conformation for attending the workshop.*
- *Please contact to organizers for the confirmation of your registration.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_