



2 - Days Workshop on PowerPoint Presentation Technique



PARTICIPANT REGISTRATION FORM

Please complete information below

Date: 22-10-2017

Venue:KCES's IMR Jalgaon

Participants information

Title: Prof. Dr. Mr. Ms. Mrs. . other: _____

Participant Name: _____

Organisation: _____

Address: _____

Postal/Zip code: _____ City: _____

Country: _____

Telephone: _____

Fax: _____ E-mail: _____

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Amount Received : _____ Receipt No : _____

Registration Date : _____ Place : _____

Registration By : _____

Office Seal