

# 1<sup>st</sup> Sri Lankan ANRAP Regional Seminar

## REGISTRATION FORM

Name : (Title.....).....

Sex: Male / Female

Designation & Place of Employment: .....

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Organization .....

Mailing Address .....

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Phone Number: ..... Fax Number:.....

E-mail address:.....

Presentation Title:.....

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Preferred presentation (Circle): Oral Presentation (20 mins) / Poster Presentation / Participant only

Mode of the Payment of the Registration fee: Electronic Transfer/ Cheque-Draft / Cash on-site\*

Delete whatever is inapplicable.

Cheques/Drafts in favor of the “National Institute of Fundamental Studies” may be sent to: Accountant, National Institute of Fundamental Studies, Hantana Road, Kandy, Sri Lanka.

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