



REGISTRATION FORM

3rd ICAQHE, 2010

Name: **Gender:**

Institution:

Contact Address:

City: **State/Province:**

Country: **Zip Code:**

Ph. #: **Mob. #**

Fax #: **e-mail:**

Kindly register me as a participant / speaker

Title of Paper (in case of speaker):

Participant fee enclosed: Yes No

Cheque(s) / draft(s) No.: _____

Name of Bank: _____

Accommodation: Booking required Not required

Date: _____

Signature

Send Filled Form to,

Dr. Muhammad Usman Awan,
Secretary Management Committee,
3rd International Conference on Assessing Quality in Higher Education,
Institute of Quality & Technology Management,
University of the Punjab, Quaid-e-Azam Campus, Lahore.

