

**TWO DAYS NATIONAL CONSULTATIVE WORKSHOP**

**GNDR – PAKISTAN CHAPTER**

October 13 – 14, 2017

Chitral, KP, Pakistan

**REGISTRATION FORM**

Please fill the registration form and send back to us by September 30, 2017 at:

(info.jadfoundation@gmail.com and shakilahasin@gmail.com)

**BASIC INFORMATION**

|  |  |
| --- | --- |
| Full Name |  |
| Gender |  |
| CNIC No / Passport No |  |
| Nationality |  |
| Email Address |  |
| Mobile # |  |
| Phone # |  |
| Postal Address |  |
|  |
| Designation |  |
| Organization |  |
| Organization Mandate |  |
| Registration Act of Organization |  |
|  |

**LOGISTICS INFORMATION**

|  |  |
| --- | --- |
| Which city are you travelling from? |  |
| Mode of travel? |  |
| Do you need assistance regarding travel arrangements? |  |
| Date of arrival in and departure from Chitral? |  |
| Special dietary requirement (vegetarian), if any. |  |
| Do you require official accommodation?(only for out-of-Chitral participants) |  |
| Do you require additional or specific accommodation at your personal cost? |  |
| Do you want to stay beyond the conference workshop days? |  |
| If yes, do you need support for hotel reservation or tour organizing? |  |

|  |  |
| --- | --- |
| Are you GNDR member organization? (Yes/No) |  |
| Do you want to be a member of GNDR? (Yes/No) |  |

I agree to participate in the two-days national consultative workshop at Chitral, KP as per the information shared in the workshop details document.

Signature of participant

(Please paste your digital signatures here)

Date: September --, 2017

**FOR PARTICIPANTS NOMINATED BY ORGANIZATIONS**

I nominate Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_ for participation in the two-days national consultative workshop at Chitral, KP as per the information shared in the workshop details document.

Name and Signature of Head of Organization

(Please paste digital signatures here)

**For further information or details, please contact the following workshop officials:**

Ms. Aliya Harir Ms. Shakila Hasin

Islamabad Chitral

Mobile # 0333-5343756 Mobile # 0302-2449693

info.jadfoundation@gmail.com shakilahasin@gmail.com