**Registration Form**

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| 1 | COUNTRY |  |
| 2  | NAME  |  |
| 3  | POSITION/ TITLE  |  |
| 4  | ORGANISATION/ UNIVERSITY/ RESEARCH INSTITUTE/ |  |
| 5  | DETAIL ADDRESS  |  |
| 6  | EMAIL  |  |
| 7  | PHONES (Office, Residence)  |  |
| 8  | MOBILE PHONE  |  |
| 9  | FAX  |  |
| 10  | PAYMENT DETALS Bank, Branch, Date, Receipt Number, Amount  |  |
| 11  | Any accompanying person? If yes, please send information from Sl 1 to 9  |  |
| 12  | Do you need hotel/guest house assistance? If yes, please mention your budget. |  |

N.B. Send the Registration from to the email: mhc@ru.ac.bd