**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