

**REGISTRATION FORM (ESP 2020)**

**Name:** \_\_\_\_\_ **Position/Designation:** \_\_\_\_\_

**Institution/  
Organization:** \_\_\_\_\_

**Mailing  
Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone (Mobile):** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Presentation : Yes**  **No**  **Title:** \_\_\_\_\_

**Accommodation:** **Campus**  **Off-Campus**  **Signature** \_\_\_\_\_

*\*Return to Dr. Khalid Latif, NCE in Geology, University of Peshawar, Peshawar-25130 (on or before 30<sup>th</sup> May, 2020)*