

REGISTRATION FORM (ESP 2022)

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 25th May, 2022)***