# Registration Form

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| Personal |
| **Title [Mr, Ms, Mrs, Dr]** |  |
| **Name** |  |
| **Designation** |  |
| **Department** |  |
| **University** |  |
| **Phone** |  |
| **Fax** |  |
| **Mailing Address** |  |
|  |
|  |
| **Email** |  |
| **Presenter [Y/N]** |  |
| **If presenter kindly indicate whether your abstract is selected for Oral or Poster Presentation?** |  |
| **Title of the Talk** |  |
| Registration Fee [Tick an Option] |
| **Professional** | PKR 8000  |
| **Student** | PKR 4000 |
| **Bank Draft Details** |  |
| Bank Name |  |
| Bank Address |  |
| Demand Draft Number/Code |  |
| Bank Drafts shall be sent in the Name of the Director National Centre of Excellence in Geology, University of Peshawar, on the following address C/O Wajid Ali, Conference Secretary, SUN-R 2016, National Centre of Excellence in Geology, University of Peshawar, Peshawar, 25130, Pakistan.  |