



REGISTRATION FORM

Program and Conference Information available at
<http://www.uok.edu.pk/faculties/psychology/docs/call-pap.pdf>

Full Name:

**(First name for
badge):**

University/Organization:

Mailing Address:

City: _____ **State/Province:**

Zip/Postal Code: _____

Country: _____ **Telephone:** (____)

Email:

PLEASE CHECK APPROPRIATE REGISTRATION FEE:

Conference Presenter / Faculty/ Staff,

Rs. 2000

Students/Volunteers

Rs. 1000

General Public/Foreign Delegates

Rs 3000

*Included in the registration fee: Lunch , Tea/Coffee Breaks, and
Conference Booklet/Material

PLEASE CHECK APPROPRIATE PAYMENT METHOD:

*** CREDIT CARDS ARE NOT ACCEPTED ONLY MODE OF PAYMENT IS CHECKS / CASH .**

Prepay (mail payments to the address below)

Pay on Arrival

Please email completed registration form to: icrmhw@gmail.com or psychology_ku@yahoo.com Or mail registration form and/or payment to:

Conference Secretariat Account #	3730 0755
Title of Account	Chairperson Department of Psychology
Bank Name	U.B.L University Campus, Karachi
Branch code	1146
IBAN No.	PK31 UNIL 0112 1146 3730 0755
CIF #	20540301