

Registration Form

Women in Mathematics Symposium, 31st December 2016-1st January 2017

Title (Prof./Dr./Mrs./Ms.): _____

First Name: _____ Last Name: _____

Designation Title: _____

Institution / Organization: _____

Academic Background (M. Sc./ M. Phil / Ph. D.): _____

Field of Interest / Area of Specialization: _____

I want to attend the symposium as:

Speaker (To deliver Talk) To present poster Participant

Title of Talk/Poster _____

Mailing Address: _____

Phone #: _____ Cell #: _____

E-mail Address: _____

Accommodation Required (Yes / No) _____

I want to attend the symposium for:

Day 1 Day 2 Both Days

Please return filled form to:

(Preferably email a soft copy)

Dr. Rida-e Zenab

Secretary Symposium

Department of Mathematics and Social Sciences
Sukkur Institute of Business administration
Airport Road, Sukkur

E-mail: secretarywim@iba-suk.edu.pk

Cell # 0092307-5816424

URL: wims.iba-suk.edu.pk

