

OPEN ENROLLMENT PROGRAMS

Registration Form

Name of the Program	
Program Date	
# of Participants Nominated	
Details of the Sponsoring Officer (or person to whom invoice will be sent)	
Name of the Sponsoring Person	
Designation	
Organization	
Business Address	
Telephone	
Fax	
Mobile	
Preferred E-Mail	
We wish to register the mentioned delegate/s for the workshop.	
Payment Method: Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> Cheque/PO #: _____ Amount: _____ Name of the Sponsoring Official: _____ Signature of the Sponsoring Official: _____ Date: _____	
<i>IBA being an educational institution is exempt from tax under Clause 92, Part 1 Second Schedule, of Income Tax Ordinance 2001. Tax exemption certificate and NTN # is available at http://www.iba.edu.pk/tax.html</i>	

Note: Please return the completed form to Center of Executive Education (CEE), IBA, Garden/Kayani Shaheed Road, Karachi along with a Cheque/Pay Order drawn in the name of "Institute of Business Administration" (cash payment is not accepted). The copy of the nomination form can be faxed to (021) 38103008; (021) 38103011 or e-mail it to: ceeinfo@iba.edu.pk.

IBA reserved the rights for cancellation of any workshop in case of any contingency. Please note that the registration is limited on first come first serve basis, therefore, confirm your registration **5 days before the workshop**.

Cancellation Policy

In the event of participant cancellation, the following schedule will apply:

5 days before start of workshop	Within 4 days prior to workshop	No Shows
No cancellation fee	Half program fee forfeiture	Full program fee forfeiture

Cancellation notification must be made in writing to CEE. Replacements will be taken at least 2 days prior to the workshop. Should we be unable to accept your application for any reason, your payment (cheque/draft) will be returned to you.

Participants' Details

Please fill all sections in Block capital. Please make sure correct Name Spellings for Certificates. Copy this page for more participants

Participant # 1

Name								
Designation								
Department								
Mobile Number								
Preferred Email								
Postal Address								
Vehicle # (for parking)								
IBA Alumni	No		Yes		If Yes, Batch		Program	

Participant # 2

Name								
Designation								
Department								
Mobile Number								
Postal Address								
Preferred Email								
Vehicle # (for parking)								
IBA Alumni	No		Yes		If Yes, Batch		Program	

Participant # 3

Name								
Designation								
Department								
Mobile Number								
Postal Address								
Preferred Email								
Vehicle # (for parking)								
IBA Alumni	No		Yes		If Yes, Batch		Program	

For more information, please visit our website: www.iba.edu.pk or call our experienced advisors

Contact: Center for Executive Education, Institute of Business Administration
City Campus, Garden/Kayani Shaheed Road, Karachi, Pakistan.
Tel: (021) 38104700 (Ext:1801/1804/1805)
Fax: (021) 38103008; (021) 38103011
Email: ceeinfo@iba.edu.pk
Web: cee.iba.edu.pk

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