**Kinnaird college for women**

**Office of Research Innovation & Commercialization presents**

**Business Plan, Innovation and Idea Competetion**

**26th October 2019**

REGISTRATION FORM

|  |  |
| --- | --- |
| **Event/Conference Name** | *Business Plan, Innovation and Idea Competetion* |
| **Venue/Place of Event** | Kinnaird College for Women Lahore, Pakistan |
| **Date of Event** | October 26th , 2019 |

**EACH PARTICIPANT IS REQUIRED TO FILL A SEPARATE REGISTRATION FORM**

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|  | | | | |
| **Tick the relevant category** | Professional | Student | Faculty Member | International: Presenters / Participants |
| Title 1.Dr. 2. Mr. 3. Ms. 4. Prof. | | | Name |  |
| Affiliation |  | | | |
| Mailing Address |  | | | |
| City, Country |  | | Passport# /CNIC # |  |
| Mobile |  | | Email |  |
| Project Category | Category 1: Oral Presentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Category 2: Poster Presentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Category 3: Prototype Display \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Project Members |  | | | |

**TOTAL AMOUNT PAID AS REGISTRATION FEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration & Undertaking**

*1. I will not cause or involve in any sort of violence or disturbance within and Outside of the venue.*

*2. Kinnaird has all rights reserved to shift the venue, rescheduling the date of the Event.*

*3. I do here by declare that all the information given by me is true.*

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(DD/MM/YY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please send a scanned copy of registration at:* [*manager.industriallinkages@kinnaird.edu.pk*](mailto:manager.industriallinkages@kinnaird.edu.pk)