



**Two Day Workshop on  
Diarrhea and Electrolytes Imbalance in Ruminants  
March 12-13, 2020**

No. \_\_\_\_\_

**REGISTRATION FORM**

Name .....

CNIC No. ....

Position/Title .....

Department .....

Organization .....

Address .....

City .....

State/Province .....

Country .....

Zip/Postal code .....

Phone .....

Mobile .....

E-mail .....

Fax .....

**Signature**

**Two Day Workshop on “Diarrhea and Electrolytes Imbalance in Ruminants”  
March 12-13, 2020, UVAS Lahore**

**Registration Fee Receipt**

No. \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Department/ Institution \_\_\_\_\_

Fee Paid \_\_\_\_\_

**Signature of Receiver**