



## REGISTRATION FORM

1. Name (Capital).....

2. Occupation..... 3. Position/Designation.....

4. Contact Address.....

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5. Tel/ mobile..... 6. email.....

7. Year of Commonwealth Award..... 8. Degree Obtained.....

9. Area of Expertise:

1..... 2.....

3.....

10. Would you allow to share your contact details in BACSFAF Website and among BACSFAF members?

Yes	No
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11. Are you interested to join future events of BACSFAF ?

Yes	No
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Signature of the Member