



Summer School 2019

Discovery Innovation Translation

29.07.2019 - 02.08.2019 COMSATS UNI ISB (LHR CAMPUS)



5th Dental and BioMaterials Summer Camp 2019 REGISTRATION FORM

Name _____ Designation _____

Field of Study _____ *Students (Enrolled Degree Program) _____

University/College (required) _____

Address _____

Tel _____ Email (required): _____

**Students' verification is required from Head of Department/Principal*

Name of Head of Department/Principal _____

Signatures and Stamp _____

1. Registration fee:

| Participant | Charges (PKR) | Tick as appropriate |
|--------------|---------------|---------------------|
| Professional | 15,000 | |
| Student* | 10,000 | |

*Students must attach a copy of valid student ID card

- This form along with the proof of payment must be returned not later than 19th July, 2019 to ensure your participation.**
- Registration fee can be paid through cash, bank payment (bank details can be found in the table below), bank draft or a crossed cheque in favor of **“COMSATS University Islamabad, Lahore Campus”**. Kindly submit the draft/cheque/deposit receipt along with duly filled registration form to the address given below [Scanned copy is acceptable, but please bring original copies with you]:

| National transactions: |
|--|
| Bank Name : Habib Bank Limited Branch Name: COMSATS Lahore Branch, Pakistan Bank Account Title: CIIT Collection Account Bank Account No. 2305-70000511-01 |

4. Kindly submit the complete registration form and proof of payment at the following address:

Interdisciplinary Research Centre in Biomedical Materials
COMSATS University Islamabad, Lahore Campus
Defence Road, Off Raiwind Road, Lahore, Pakistan
Tel: +92-42-111-001-007 Ext: 828, 829, Mobile: +92 300 4419211
Email: ircbmtrainingcell@cuilahore.edu.pk

Note: All Participants are requested to bring their own lab coats & wear covered shoes.

Signature _____ Date _____