

CSO Partners Annual Workshop Series, 2010

'Parliamentary Procedure and Engaging effectively with State Legislators'

NGO REGISTRATION FORM

1. Name of the organization:

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.....Address:

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Contact Number:

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Email ID:

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Website:

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Details of the person nominated.

2. Name:

.....

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Designation:

.....

.....

Gender:

Male

Female

3. Please describe the main areas of work undertaken by your organization:

Please use separate sheet if required

4. Please describe how you think this workshop will contribute to furthering your organisation's mandate?

Please use separate sheet if required

5. Are there any specific inputs you like to suggest for inclusion in this workshop?

Please use separate sheet if required

Please find attached demand draft for the amount of Rs.500 drawn on..... (name of the bank) in favour of CSO Partners, bearing number..... dated..... payable at Chennai. Mention name of your organization on the reverse of your draft.

Please send the completed registration form along with DD to:

Workshop Coordinator
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Chennai: 600 018
Phone: Tel: 044-4211 2256
Email: workshop@csopartners.org.in