

Registration Form

TRAINING ON
**CITYWIDE
SANITATION
PLANNING
(CSP)**

15-19 NOV 2010

VENUE

Centre for Advanced
Sanitation Solutions
(CASS)

Bangalore

Name (Mr./Mrs./Ms.)

Date of Birth:

Gender: Male

Female

Designation

Department / Division

Telephone

Mobile

Email

Educational Background

Degree	Field of Study	Year

Proficiency in English

Speak Understand Read

Address of Company / Organisation

_____ City: _____

Pincode: _____ State: _____ Country: _____

Please tick the sector to which your organisation belongs:

Government Public Sector Private Sector

Not-for-profit Consultancy Entrepreneurship

Please Tick

I would like to regularly share information about my contribution towards the achievement of the Millennium Development Goals, by replying once a year to CDD Society's project questionnaire.

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**Send your
registrations to:**

CDD Society

#621, 5th Main Road
OMBR Layout, Banaswadi Post
Bangalore 560043 INDIA

Tel/Fax: +91 80 25452804/805

Email: bangalore@cddindia.org

Website: www.cddindia.org