

REGISTRATION FORM

TRAINING ON

CITYWIDE SANITATION PLANNING (CSP)

Name (Surname, First Name)

Date of Birth

Gender: Male Female

Designation

Department

Company / Organisation

Postal Address (Organisational / Private)

Telephone

Mobile

Email

Duties and Responsibilities

Educational Background

Degree	Field of Study	Year

Proficiency in English

Speak Understand Read

Please tick your organisation's sector:

Public Sector Private Sector

Please tick your organisation's type:

Not-for-profit Consultancy Entrepreneurship

Builder other _____

29 - 31 MAY 2012

VENUE

Centre for Advanced
Sanitation Solutions

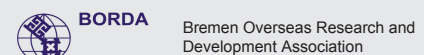


BANGALORE (Kengeri)

Organised by:



Supported by:



Send your
registration to:

CDD Society

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OMBR Layout, Banaswadi Post
Bangalore 560043 INDIA

Tel/Fax: +91 80 25452804/805

Email: capacitybuilding@cddindia.org