Registration Form

Name (Mr./Mrs./Ms.)					
Age		Gender: I	Male	Female	
Designation		Department / Division			
Company / Org	ganisat	ion			
Mailing Addres	SS				
Telephone		Mobile			
Email					
Duties and Res	sponsil	bilities			
Educational Background					
Degree		Field of Study		Year	
Proficiency in English Speak Understand			Rea	d	
Please tick the sector to which your organisation belongs:					
Government	Public	Sector	Private Secto	ector	
Not-for-profit	Consul	ltancy 🗌	Entrepreneurship		

DECENTRALISED
WASTEWATER
TREATMENT SYSTEMS

(DEWATS)

3 - 8 DECEMBER 2012

VENUE

Centre for Advanced Sanitation Solutions

(CASS)

Bangalore

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Send your registrations to:

CDD Society

Survey No.205 (Opp. Beedi Workers Colony)
Kommaghatta Road, Bademath, Kengeri Satellite Town

Bangalore 560060 INDIA

Tel/Fax: +91 80 28486700/2144 Email: capacitybuilding@cddindia.org

Website: www.cddindia.org