## **Registration Form**

Name (Mr./Mrs./Ms.)				
Age		Gender: M	lale	Female
Designation		Depa	artment / D	ivision
Company / Organisation				
Mailing Address				
Telephone		Mobile		
Email				
Duties and Responsibilities				
Educational Background				
Degree		Field of Study		Year
Proficiency in English Speak Understand Read				
Please tick the sector to which your organisation belongs:				
Government	Public	Public Sector Private Sector		
Not-for-profit	Consultancy Entrepreneurship			

NATIONAL-LEVEL ENGINEERS' TRAINING ON

## DECENTRALISED WASTEWATER TREATMENT SYSTEMS (DEWATS)

17-22 AUG 2009

## VENUE

Centre for Advanced Sanitation Solutions

(CASS)

Bangalore

Organised by:



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## Send your registrations to:

**CDD Society** 

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

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