## **REGISTRATION FORM**

Name (Surname, First Name)		
Date of Birth	Gender: Male	Female $\square$
Designation	Department	
Company / Organisation		
Postal Address (Organisational / Private)		
Telephone	Mobile	
Email		
Duties and Responsibilities		
Educational Backgroun	nd	
Degree	Field of Study	Year
Proficiency in English  Speak Understand Read Read		
Please tick your organisation's sector:  Public Sector		
Please tick your organisation's type:  Not-for-profit		

## TRAINING PROGRAMME ON EcoSan

3 - 5 March 2014

## VENUE

Centre for Advanced Sanitation Solutions



CENTRE FOR ADVANCED SANITATION SOLUTIONS

BANGALORE (Kengeri)

Organised by:



Consortium for DEWATS Dissemination **Society** 



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## Send your registration to:

**CDD Society** 

Survey No.205 (Opp. Beedi Workers Colony) Kommaghatta Road, Bandemath Kengeri Satellite Town, Bangalore, 560060, INDIA Tel/Fax: +91 80 2848 6700/28482144 Email: capacitybuilding@cddindia.org