



Registration form for professional development workshop

Institution Sponsored?	O Yes	O No	
Workshop Title – From Aneco Communication and Collaborate		n: How Storytelling Improves	Workplace
Workshop Date – Tuesday 16	May 2023		_
Participant Name and e-mail	address (in	capital letters)	_
			_
Désignation -			
Telephone	(o)	(mobile)	_
Institution Name and Addres	s -		_
			_
Institutional Contact (name a	and designat	tion) -	_
Telephone	(o)	(mobile)	_
Fee amount -		Cheque/DD no -	
UPI payment and transactio	n ID		_