



# Capital University of Science & Technology, Islamabad

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## SEMINAR / WORKSHOP / TRAINING EVENTS ADVANCE NOTIFICATION FORM

### BASIC INFORMATION

ACTIVITY / EVENT TITLE	DATE AND TIME
PROPOSED VENUE	DURATION
ORGANIZING SOCIETY / FACULTY / DEPARTMENT	GUEST SPEAKER DESIGNATION ORGANIZATION

### STUDENTS' DETAILS

NAME	REG. NO.	ROLE
CONTACT PERSON'S NAME	REG. NO.	MOBILE

### REQUIREMENTS (PLEASE SPECIFY THE NUMBER OR DETAILS)

SOUVENIR	SHIELD
CAMERA	SASHES
BOUQUET	PANAFLEX
TRANSPORT	REFRESHMENTS
OTHERS (SPECIFY)	

### SIGNATURES WITH COMMENTS IF ANY ARE NECESSARY

SOCIETY PATRON / FACULTY / EVENTS COORDINATOR	HEAD OF DEPARTMENT
DATE	DATE

**THIS FORM SHOULD BE SUBMITTED WITH THE STUDENTS AFFAIRS OFFICE,  
PREFERABLY ONE WEEK BEFORE THE EVENT.**