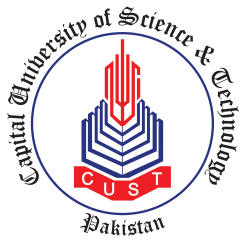
**Capital University of Science and Technology**

**Islamabad**

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**Registration Form**

**Workshop On Latex**

**(Wednesday, 21st October, 2020)**

**02pm-04pm, Instructions Lab 3, F-Block, CUST**

1. **PERSONAL INFORMATION (Use all capital letters)**

Name: (Mr. /Ms. /Mrs.) .

Address: .

E-mail: .

Cell:

1. **PROFESSIONAL INFORMATION**

Designation: .

Department: .

Organization: .

Phone:

Office Address: .

City: