

**REGISTRATION FORM**

**Registration Form #: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Training Workshop on “Stress Management”

Saturday, 1st August, 2015 Time: 3:00 to 5:30

Venue: PIMA Auditorium, PECHS Community Centre, Shahrah-e-Qaideen

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| **Name *(in block letters):*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Education:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you attended any workshop on Stress Management? If yes, when and where? Please provide details.

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**Why are you interested in attending this workshop?**

1. Just to get knowledge on this topic. OR
2. To get positive control on unusual Stress (due to personal life/domestic issues/professional matters or any reason) that bringing you down?

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**Note: Your agreement on following points is important to attend the workshop.**

* No entry after workshop starts; please join us at 2:50 pm (10 minutes earlier)
* Use of mobile phone during workshop is prohibited.
* This is solely educational program to provide only awareness on the subject.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please send the Registration form VIA email or courier or directly submit at office latest by 28th July 2015***

**For contact and further information**Muhammad Usman Khan

0340 2229460

**Green Crescent Trust**

**71-A, Block-6, PECHS, Karachi-75400**

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