

# AIM – 2000

## REGISTRATION FORM

Name (Block Letters) : -----

Date of Birth : -----

Male / Female : -----

Name of Centre / Organisation : -----

Designation / Work / Occupation : -----

Address (Block Letters) : -----  
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Phone Number/s : Residence : -----  
Office : -----

FAX Number : -----

E-MAIL Address : -----

1 We have kept some broad themes. Please tick the box you are interested in:

EDUCATION  YOUTH  SOCIAL ISSUES

Any other Focus Area : -----

2 Any suggestions for AIM – 2000 : -----

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3 Would you like to attend AIM – 2000? :  YES  NO

Even if your answer is No, please send us this Registration Form duly filled in to enable us to inform you of our future programme/ activities.

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Signature