World NGO Day-2018

**EXHIBITOR REGISTRATION FORM**

|  |  |
| --- | --- |
| **Complete Name of Organization** |  |
| Address |  |
| Phone & Fax |  |
| E-Mail |  |
| Website |  |
| Organization’s Description (max: 150 words) |  |
| **Organization Representative Name** |  |
| Designation |  |
| Phone/cell |  |

**Note:**

* Filled form along with Registration fee must reach back by FEB 15, 2018.

**Focal person**

For all details contact the Event Coordinator:

Mr. Sajjad Nayyer,

Cell: +92-300-5167078

Email: sajjad.nayyer@thengoworld.org