



Empowering Stakeholders of the Differently Abled

THREE DAY WORKSHOP
REGISTRATION FORM FOR PARTICIPANTS

Details	Details
Full NAME	
Title	Ms* Mr*
Address	
Position/ Function	
Highest Qualification	
Institution / Organization	
Official address	
Mobile Number	
E-mail	
Working Languages	*English / *Kannada
Participation Funded by:	*Self / *Organization

*Please circle applicable answer

Please return this registration form along with Cheque (Drawn in Favour of FAME India – DP) In case of online payment of workshop fee, send the details to tvsankar@fameindia.org and copy to madhu@fameindia.org

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