

PLEASE COMPLETE AND SUBMIT  
TO: Email: [pc@sja.gos.pk](mailto:pc@sja.gos.pk)



## PARTICIPANT REGISTRATION

### FORM

*(Please write legibly)*

### GENERAL INFORMATION

First Name: \_\_\_\_\_ Middle Name (If applicable) \_\_\_\_\_ Last Name: \_\_\_\_\_

Name to Appear on Badge \_\_\_\_\_

Gender:  Male  Female Date of Birth(day/month/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Title/Designation: \_\_\_\_\_

Agency/Court/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

## **REGISTRATION CLOSURE**

The SJA Conference Program Committee reserves the right to close the registration upon reaching the maximum number of participants that the conference venue can accommodate.

## **SUBSTITUTION/CANCELLATION POLICY**

In case of substitution of participants or cancellation of registration, the original registrant shall inform the SJA Organizing Committee through

**Email: [pc@sja.gos.pk](mailto:pc@sja.gos.pk)**

## **CONTACT US:**

**SJA Conference Program Committee**

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