**CONFIRMATION SLIP\*\***

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| **Event Name:** | **Training on Transdisciplinary Research: Concept, Methods and Techniques** |
| **Inclusive Date/s:** | **October 8-10, 2017\*** |
| **Venue:** |  |

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| **Name to be reflected in the ID, Certificate** ***(Please Include Middle Initial)*** | **Affiliation** | **Position** | **Mobile number/s** | **Email Address** |
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**Important reminders:**

\* Actual training is on (**October 9) and (October 10) only**. The first day **(October 8)** is considered to be date for the arrival of the participants. The certificates will all carry three days **(October 8-10).**

\*\*Please do make the payment on or before **October 3, 2017 (Friday)** to finalize the slot for the training.

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**Signature over printed name**