



AYUBIANS INTERNATIONAL CONFERENCE & GRAND REUNION 2019

27th-29th Dec, 2019 at Ayub Medical College, Abbottabad.



Annex - IV

Requisition Form for Pre-Conference Workshop

Title of the Workshop: _____

Theme: *(Please check that apply)*

Allied Medicine

Allied Surgery

Basic Medical Sciences & Dentistry

Medical Education & Public Health

Name of the Key Facilitator: _____

Designation: _____ Department / Ward / Unit _____

Institution: _____

Cell Number: _____ Email Address: _____

Name of Co-Facilitator I: _____

Name of Co-Facilitator II: _____

Name of Co-Facilitator III: _____

Workshop Session: *(Please check that apply)*

Morning (from 9.00 AM -12.00 PM)

Evening (1.30 PM to 4.30 PM)

Full day: 09.00 AM to 04.00 PM with one hour break for Lunch & Prayers

Date of the Workshop: _____ Timings: from _____ to _____

Preferred Venue: _____

Who Should Attend the Workshop? _____

Objectives of the Workshop: At the end of the workshop, the participants will be able to: -

Tentative Program of the Workshop with activity and its time (Please attach Program if available)

Maximum Number of Participants that can be accommodated: _____

Resources Required (Please check the apply)

- Multimedia Projector Laptop/ Computer Over Head Projector
 While Board Flip Chart Stand Photocopying
 Any other (Please Specify) _____

Technical assistance in designing and / or execution of the activity: Yes No

Name: _____ Designation: _____

Signature: _____ Date: _____

For further information please contact:

Conference Secretariat

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