# A Short Term Course on

# Optimization Techniques in Industrial Robotics

# (OTIR-2017)

# Registration Form

*Please complete the information below*

## 1. Participants Information

*Name:* _____

*Organization:* _____

*Address:* _____

*Postal Zip code:* _____ *City:* _____

*Country;* _____ *Telephone:* _____

*Fax:* _____ *Email Id:* _____

## 2. Information about Workshop

*Do you want accommodation?* ☐ *Yes  or* ☐ *No*

Please note that limited accommodation is provided on first cum first serve basis in bachelor hall of residence subjected to availability.

## 3. Payment details (DD no. Amount & Date)

*Date:* _____/_____/_____

*Signature of the participant:* _____