



**1<sup>st</sup> International Conference of the Linguistic Association of Pakistan**

**Kinnaird College for Women, October 7—9, 2015**

**(ICLAP 2015)**



**Registration Form**

Full name with title (Prof/Dr/Mr/Ms): \_\_\_\_\_

National ID card No. (if from home): \_\_\_\_\_

Passport No. & country (if from abroad): \_\_\_\_\_

Current status (student or employed): \_\_\_\_\_

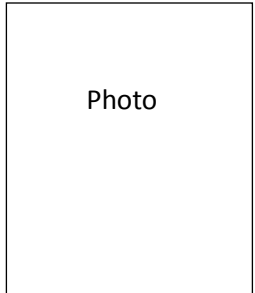
Designation & organization (if employed): \_\_\_\_\_

Specify the participation capacity (presenter/observer/anyother): \_\_\_\_\_

Give the title of your paper (if presenter): \_\_\_\_\_

How and when did you deposit the registration fee? \_\_\_\_\_

If not already, would you like to become a member of the Linguistic Association of Pakistan (LAP)? \_\_\_\_\_



**Contact Information:**

Type	A. Office	B. Home/Self
1. Email ID		
2. Phone/Mobile		
3. Postal Address		

**Qualifications:**

Degree	Major Subject (s)	Institute	Passing year
BA/BSc (14 years)			
MA/MSc (16 years)			
BA/BS (16 years)			
MS/MPhil (18 years)			
PhD			

(Please fill in the form and send it to [iclap2015@gmail.com](mailto:iclap2015@gmail.com) together with the soft/scanned copy of the receipt of the deposit transaction.)