



2nd International Conference of the Linguistic Association of Pakistan
Institute of Languages, University of the Punjab, October 18—20, 2016
(ICLAP 2016)



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): _____

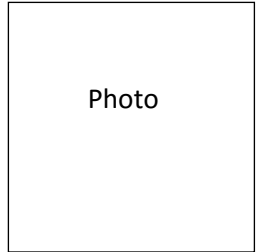
Designation & organization (if employed): _____

Specify the participation capacity (presenter/observer/anyother): _____

Give the title of your paper (if presenter): _____

When and how 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		

Education:

Degree	Complete title of the degree	Awarding Institute	Awarding year
BA/BSc (14 years)			
BA/BS (16 years)			
MA/MSc (16 years)			
MS/MPhil (18 years)			
PhD			

(Please fill in the form and send it to iclap2016@gmail.com together with the soft/scanned copy of the receipt of the deposit transaction.)