

CSIR-NIIST NATIONAL SEMINAR ON ONSITE GREY WATER TREATMENT & REUSE SYSTEMS

REGISTRATION FORM

1. Full Name:
2. Email Address:
3. Affiliation/Organization:
4. Type of organization: (i) Government (ii) Private (iii) Other
5. Position/Title:
6. Contact Number:
7. Address (optional):
8. Have you previously worked on or have experience with greywater treatment and reuse systems? (Yes/No)
If yes, please briefly describe your experience or involvement:
9. What are your primary reasons for attending this conference? (Select all that apply)
To learn more about greywater treatment and reuse systems
To network with professionals in the field
Other (please specify)
10. Would you like to present a poster at the conference? (Yes/No)
If yes, please provide the tentative title and abstract of the poster.
11. How did you hear about this conference?
Website
Email invitation
Social media
Colleague/Word of mouth
Other (please specify)
12. Please provide a brief statement of purpose for attending the conference. Explain how it will be useful for you if we allow you to attend the conference.