



NATIONAL COLLEGE OF ARTS

Art Curatorial Workshop Registration Form

Name: _____

Father Name: _____

Mailing Address: _____

Telephone: _____

Mobile: _____

ID card number _____

E-mail: _____

Enrolled student

Department: _____

Roll Number: _____

Year: _____

Outsider:

Last degree: _____

Occupation: _____

Signature of the participant: _____