MEETING REQUEST FORM

Nature of Event	Meeting	Workshop	Seminar	Presentation	Inauguration
(please tick)					
Meeting Arranged by:					
Agenda of the meeting					
Meeting initiated by:					
Purpose of the meeting					
Number of Members	No. of Me	mbers			
	Note: Plea	se send list of	members the	ough Email: info	o@fpcci.org.pk
Date & Time					
Chief Guest (if any) If yes, please specify the					
name and contact person with contact details					
Arrival Time of the Chief Guest (if applicable)					
Head Table (if required, please write the names with					
their portfolios)					
Contact Person & Numbers (Tel, Cell & Email)					

Please E-mail this form to the following address:



The Federation of Pakistan Chambers of Commerce & Industry

Federation House, Main Clifton, Abdullah Shah Ghazi Road, Karachi

Tel: 021-35873691-94 Fax: 021-35874332

E-mail: info@fpcci.org.pk