



REGISTRATION FORM

Grounded Theory Essentials in Social Science Research Setting

DATE: 27 November 2016 (Sunday)

TIME: 8.30 am – 4.30 pm VENUE: Saujana Room, SEML

PARTICIPANT'S INFORMATION	
Name :	
Department/Centre/Institution/College:	
Designation:	
Identity Card No, / Passport No.:	
UUM Staff ID/UUM Student ID:	E-mail:
Tel No.(Office):	(Mobile): (Fax):
TYPE OF PARTICIPATION	TYPE OF FEES
UUM Staff (RM80) ☐	☐ Vote Transfer (RM80)
Student (RM80) ☐	☐ Cash (RM80)
Others (RM80) ☐	
DECLARATION FROM PARTICIPANT	
I hereby declare that my participation in this workshop will not affect my duty.	
Date : _____	
Signature _____	
APPROVAL FROM HEAD OF DEPARTMENT (UUM'S STAFF ONLY)	
☐ APPROVED with Department's Vote Transfer to 30025008229 sub 57	☐ NOT APPROVED
Date: _____ Signature : _____	
Name and company stamp: _____	