DELEGATE REGISTRATION FORM

To

The ICSI – Bengaluru Chapter

No.5, 1st Main Road, KSSIDC,

Industrial Estate, 6th Block,

West of Chord Road, Rajajinagar,

Bengaluru – 560 010

	Receipt. No.	Date.	Delegate No.
Office Use			

Dear Sir,

Please register me for the Half Day Seminar on Mediation and Conciliation being organized by The ICSI– Bengaluru Chapter to be held on **Saturday, 01st October , 2016** at Chapter Premises, No.5, 1st Main Road, KSSIDC, Industrial Estate, 6th Block, West of Chord Road, Rajajinagar, Bengaluru- 560 010.

Name: **(in block letters)** : _____

Designation : _____

Name of the organization, Designation & Address: _____

_____

E-mail: _____

ACS:_____FCS:_____ CP NO:_____REGN.NO:_____

Phones : (Off) _____ (Res) _____ Mobile: _____

I am/we are enclosing herewith a Cash OR Cheque/DD/ Transaction ID No._____ dated _____ for Rs._____ drawn on _____ bank in favour of **"BANGALORE CHAPTER OF SIRC OF THE ICSI"** payable at Bangalore.

Date : _____ **Signature**

Are you receiving the emails from the Chapter: Yes_____No_____

if no, please write your email Id for correspondence.

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