#

# REGISTRATION FORM

I / we would like to attend / nominate the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Delegate 1** | **Delegate 2** | **Delegate 3** |
| Name |  |  |  |
| **Designation** |  |  |  |
| **Organisation** |  |
| **Address** |  |
|  |
| **City** |  | Pin Code |  |
| Tel # |  | **Fax #** |  |
| **Mobile #** |  |  |  |
| Email |  |  |  |
| ICSI Membership Number |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Particular** | **Amount (Rs.)** | **Discount Details** |
| Registration Fee | Rs. 5,000/-(Inclusive Service Tax) | 10% discount for two or more delegate from same organizationor10% discount for ASSOCHAM MembersorExclusive 20% Special discount for ICSI Members |

|  |  |
| --- | --- |
| **METHOD OF PAYMENT** | **Details** |
| NEFT / DD / Cheque in favour of ASSOCHAM payable at New Delhi |  |

* + - * Fee once paid is non – refundable, although change of nomination is allowed.
			* Cancellation of the nomination should be done 4 days in advance of the event. If advance intimation is not made for the same, registration fee is applicable and will be paid by the company or individual.
			* The registration fee includes lunch, refreshments.
			* Prior registration is essential. Please fax/courier/email the registration form at the earliest.

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Name & Designation of nominating authority (Signature)

**Kindly send the scanned filled registration form to:**

|  |  |
| --- | --- |
| Jatin Kochar+91-9711904890Jatin.kochar@assocham.com, assocham.jatin@gmail.com | Rakesh Shukla+11-46550540 / 9871600922Rakesh.shukla@assocham.com |

**Corporate Affairs Division**

**The Associated Chambers of Commerce and Industry of India**

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