



**THE INSTITUTE OF
Company Secretaries of India**

भारतीय कम्पनी सचिव संस्थान

IN PURSUIT OF PROFESSIONAL EXCELLENCE

Statutory body under an Act of Parliament

20th National Conference of Practicing Company Secretaries

Hotel Reservation Form

Delegate Name : Mr. / Ms. _____

Designation : _____

Organization Name : _____

Address : _____

City _____ State _____

PIN _____

Membership No (If a member of Institute): FCS/ACS _____

Delegate Number : _____

Contact Details:

E-mail: _____ Mobile: _____

Arrival Date : _____

Departure Date : _____

Accommodation Details

Number of adults : _____

Number of Kids : _____

Number of Nights : _____

Any Special Request:

Signature of Guest