Registration Form

1. First Name Middle Name Last Name

_____

2. Title/Position

_____

3. Organization/Company

_____

4. Mailing Address

_____

5. City

_____

6. State/Province Zip/Postal Code Country

_____/_____/_____

7. Telephone (Work) Fax Mobile/ Home

_____/_____/_____
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8. E-mail Address

_____

9. Payment: **Amount US$ 300 (for Foreign Nationals) Rs. 10,000/-**

Payment by Draft (Pay Orders)/ Cheque, (Drawn in favour of **"International Conference, Axis Bank A/c No 119010200014933"**) payable at Delhi, and send to:

Mr. Sunil Kumar, Sr. AO, O/o CGA, 7th Floor, Lok Nayak Bhawan, Khan Market, New Delhi-110511.

_____ (Signature)