

DELEGATE REGISTRATION FORM

“CATMi Annual Conference 2016”

26th April, 2016 | ITC Grand Central, Mumbai

We are pleased to nominate the following participant(s) for the event:

Nominations:-

Sr. No.	Name	Designation	Company Name	Mobile No.	Email Address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Contact Person Details			
First Name		Last Name	
Organization		Job Title	
Business Address			
City		Pin	
Direct Phone/ Mobile #		Office Phone	
Fax -		Email	

Total Amount Paid –

Mode of Payment: - (Please  the Correct Option)

- Cash -
- Cheque -

In case of cheque:

- Cheque Amount :
- Cheque Number :
- Cheque Date :
- Bank Name :

Mail this form to sneha@iami.in
You can reach her at +91-9920164969