



“From Dis-ease To Health-ease”

September 8-9, 2011 ■ FICCI, New Delhi

REGISTRATION PROFORMA

Yes, we are interested in participating in the conference as a (check whichever is applicable):

- Delegate Sponsor (Please Specify)

-
- FICCI Members (Please provide your membership number)
- Corporate Member Associate Member
- Non- Members Overseas Participant

We would like to advertise in the Souvenir

- Back Cover Full Page Inside Front Cover Inside Back Cover

Name:

1..... Designation

2..... Designation

Organization:

Mailing Address

..... Pin:.....

Telephone(s):..... Fax:.....

Email (Please provide email id accessed by the delegates directly):

1.....

2.....

Cheque/DD Number:..... Bank Details:

Dated:..... Amount:

Note:

- Registration fees to be deposited as Demand Draft drawn in favour of FICCI, payable at New Delhi.
 - In case of more than two delegates from an organization, the registration form can be photocopied. The names of all delegates should be mentioned on the reverse of the demand draft.
 - You may also register online at www.ficci-heal.com. The online payment is through credit card only.
 - SB A/c NO: 5344483002, BANK NAME: CITI BANK, BENEFICIARY NAME: **FEDERATION OF INDIAN CHAMBERS OF COMMERCE & INDUSTRY (FICCI), FEDERATION HOUSE, TANSEN MARG, NEW DELHI-110001, SWIFT CODE : CITIINBX, NEFT/IFSC/RTGS CODE : CITI0000002 & MICR CODE : 11 0037 002**
- Note: Foreign delegates please send payment through MT103