

REGISTRATION FORM

To,
The Secretary General
Indian Drug Manufacturers' Association
102/B, A Wing, Poonam Chambers,
Worli, Mumbai-400 018

Date :

Dear Sir,

Conference Series on "New Insights in Tablet Manufacturing & Testing"

Sr. No.	Day	Date	Venue
1.	Monday	17 th August 2015	Hotel Minerva Grand, Secunderabad, Telengana
2.	Tuesday	18 th August 2015	B. V. Patel PERD Centre, Thaltej, Ahmedabad
3.	Thursday	20 th August 2015	Hotel Fidalgo, Panaji, Goa
	(Jointly with Goa Pharmaceuticals Manufacturers' Association)		
4.	Friday	21 st August 2015	SciTech Centre, Jogeshwari (West), Mumbai

Kindly register the name/s of the following person/s from our company to participate in the above programme.

SR. NO.	NAME	DESIGNATION	MOBILE No.	EMAIL-ID
1.				
2.				
3.				
4.				
5.				

Our cheque/DD* no. _____ dated _____ for
Rs. _____ is enclosed.

Thanking you,

Yours faithfully,

(Name & Designation)

Name of the Company : _____

Address : _____

Tel No. : _____ Fax No. : _____

E-mail : _____

REGISTRATION FEES:

<i>IDMA Members</i>	<i>Non Members</i>	<i>Students</i>
Rs.3,000/- + Service Tax @ 14%	Rs.4,000/- + Service Tax @ 14%	Rs.2,000/- + Service Tax @ 14%

 Group Registration Benefits: <u>For every 4 (four) Delegates registered from an organisation, the 5th (fifth) delegate is complimentary</u>

Note:

- ❖ Kindly use photocopies of this form for additional registrations.
- ❖ The cheque/DD to be drawn in favour of **“Indian Drug Manufacturers’ Association”** & payable at **Mumbai**
- ❖ Outstation parties to remit by DD or RTGS please.

❖ RTGS Details:

- ✓ BANK: CITIBANK N.A.
- ✓ ACCOUNT NAME : Indian Drug Manufacturers’ Association
- ✓ BANK Account Number : 0036274115
- ✓ IFSC Code: CITI0100000
- ✓ BRANCH: FORT BRANCH, MUMBAI - 400 001.