

Registration Form

TWO DAYS NATIONAL CONFERENCE ON “PACKAGING OF PHARMACEUTICAL PRODUCTS & ITS SAFETY ASPECTS”

Dear Sir/Madam

Please register the following nominee for participation in the Two Days National Conference on 29th & 30th August, 2016 at Hotel The Leela, Andheri, Mumbai.

Name	:	(i)
	:	(ii)
	:	(iii)
Designation	:	
Name of Organization	:	
Address	:	
Phone No	:	
Fax	:	
Mail ID	:	
Mobile No.	:	

Is your Organization member of IIP: Yes / No

DD of Rs. is enclosed
Kindly use photocopy of the form for additional nomination(s)

Signature