

DELEGATE REGISTRATION FORM

DELEGATE DETAILS:

TITLE _____ FIRST NAME _____ SURNAME _____
 NAME ON BADGE _____
 ORGANISATION _____ JOB TITLE _____
 ADDRESS _____
 TELEPHONE FAX MOBILE
 EMAIL _____ WEBSITE _____

ADDITIONAL DELEGATE DETAILS:

S.No.	FIRST NAME	SURNAME	DESIGNATION	ORGANISATION
1.				
2.				

REGISTRATION FEES:

COST HEAD (PER DELEGATE)	INR	USD
<input type="checkbox"/> 2 DAY CONFERENCE (INCLUSIVE OF GALA NETWORKING NIGHT)	18,000	1100
<input type="checkbox"/> 1 DAY CONFERENCE (INCLUSIVE OF GALA NETWORKING NIGHT)	12,000	800
<input type="checkbox"/> ONLY GALA NETWORKING NIGHT	5,000	500
GRAND TOTAL		

* 10% discount for 3-5 delegates from the same organization please contact the sales team for more information.

* 18% GST (Inclusive)

PAYMENT DETAILS: Bank/Wire Transfer/Withholding taxes and charges have to be borne by the remitter only.

WIRE TRANSFER	ACCOUNT NAME	iCONEX Exhibitions Pvt. Ltd.	CURRENT A/C NO.	025405002363
	BANK NAME	ICICI Bank	BRANCH	GREATER NOIDA
	RTGS/NEFT/IFSC CODE	ICIC0000254	SWIFT CODE	ICICNBBCTS
	BANK ADDRESS	Krishna Apra Royal Plaza, D-2, E(ACB), Greater Noida - 201306, UP, India		
CHEQUE	MAILING ADDRESS: B-181, Ground Floor, East of Kailash, New Delhi - 110065 (India) Tel: +91-11-49122344; Email: rp@iconex.in			
PAN NO : AADC18302B GST No. : 07ADC18302B1Z2				

TERMS & CONDITIONS:

- * The fee per delegate per day for ON SPOT REGISTRATION is INR 15000.
- * The registration fee includes entrance to the exhibition & conference, delegate kit, conference proceedings, coffee/tea, networking lunch (2 Days) & Dinner (1 Day) & invitation for Opening Ceremony.
- * No refunds will be processed for cancellation. Organizer cannot be held responsible for clarity errors.
- * Bank/Wire transfer/With holding taxes and charges are to be borne by the remitter only.
- * Registration should be supported by 50% payment advance and remaining 50% to be paid latest by June 15, 2019.
- * Payment to be made on the actual number of nominated delegates.

I/We hereby have read the above payment terms and confirm that We/I shall abide by them.

Name: _____ **Signature:** _____

Designation: _____ **Date:** _____

Organised By



Please E-Mail/Fax/Courier a copy of the duly filled form to:
 Jyotsana Chuchra, Project Head - GiDMC 2019 - Mobile:- + 91-7838939560
iCONEX Exhibitions Pvt. Ltd.
 B-181, Ground Floor, East of Kailash, New Delh - 110065 (India)
 Tel: +91-11-49122344; Email: jyotsana@iconex.in
 Website: www.gidmc.org

Consulting Partner

