



# Engeetech

Endless Business Opportunities. One Platform

**18 - 21 November 2010,  
Science City Grounds, Kolkata**

## REGISTRATION FORM

II Floor, Shafika Building, 17, Kodambakkam High Road  
Nungambakkam, Chennai 600 034  
Tel: 044-42991234 Fax: 91-44-28262737  
Mobile: 98409-18972 E-mail: [linuslobo@ipfonline.com](mailto:linuslobo@ipfonline.com)

Venue: Science City, J.B.S Haldane Avenue,  
Kolkata – 700046, India  
Phone: +91-33- 22854343, 22852607, 23432569,  
Fax: +91-33-22859895 Website : [www.sciencecitykolkata.org.in](http://www.sciencecitykolkata.org.in)

Your Details (Please use BLOCK LETTERS)

(Mr//Mrs/Ms/Dr) First Name..... Last Name .....

Job Title..... Department .....

Direct Tel ( ) ..... Mobile ( ) .....

Email ..... Direct Fax ( ) .....

Head of Department..... Position .....

### Your Company Details

Company Name.....

Business Nature ..... No. of Employees.....

Address .....

..... Postcode..... Country .....

My company is  Indian  International

### Seminar Registration Fee Details:

Delegates	Delegate Registration Fee
Regular Delegates	₹ 2000 + 10.3 % Service Tax

### NOTE :

- Registration fee includes Conference Documentation, Lunches, Cocktails, and Refreshments only.
- Use copies of this form for multiple registratons.

**Group Discounts:**

Come along with members of your team and take advantage of IDEAS SEMINAR special group discounts.

The more attendees you sign up, the more money your company saves!

For more details email now to **Mr. Linus Lobo** at [linuslobo@ipfonline.com](mailto:linuslobo@ipfonline.com) or contact the **IDEAS SEMINAR Update** team on 9176677181

**Payments:**

Cheque       Demand Draft

Cheque/DD in favour of "IPFonline Limited", payable at any bank in India and sent to Mr. Linus Lobo, IPFonline Ltd, II Floor, Shafika Building, 17, Kodambakkam High Road, Nungambakkam, Chennai 600 034.

**Credit Card**

Card Type:  Mastercard       Visa      Security Card (CVV2): .....

Card No.: .....

Expiry Date (mm/yy) ..... Payment Amount (INR) .....

Card holder's Name ..... Card holder's Signature .....



To register call Linus Lobo at +91 91766 77181, Email : [linuslobo@ipfonline.com](mailto:linuslobo@ipfonline.com) or Fax +044-28262737

