



Two day technical seminar on 18th-19th February, 2016- New Delhi

REGISTRATION FORM - SPEAKERS

CONTACT DETAILS

Name of Speaker :

Company's Name :

Designation :

Address :

Mobile :.....:..... Phone:.....:Fax

Title of Paper/ Presentation.....:.....
.....

REGISTRATION FORM - DELEGATES

CONTACT DETAILS

Name of Delegates :

Company's Name :

Designation :

Address :

Mobile :.....:..... Phone:.....: Fax

PAYMENT MODE:

Cheque / DD in favour of **ALL INDIA DISTILLERS' ASSOCIATION, payable at New Delhi.**

For the Amount of Rs. No. of Delegates /Speaker ----- Total

NAME AND SINGNATURE :

Note: Please send the completed form to AIDA office at the following Address :805, Siddharth, 96, Nehru, New Delhi-110 019 Email : aida@aidaindia.org aida.newdelhi@gmail.com Web site :aidaindia.org