

# **CEMEI MECH\_TECH -2019**

## **Mechanical Engineering Conference and Expo**

### **REGISTRATION FORM**

FULL NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

CATEGORY: \_\_\_\_\_

COMPANY/INSTITUTION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ Fax: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DETAILS OF ACCOMPANYING PEOPLE (if any): \_\_\_\_\_

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AMOUNT TO BE PAID: \_\_\_\_\_

PAYMENT MODE: \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_

\*Payments made will not be refunded.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_