



DELEGATE REGISTRATION FORM

Delegate Category: Indian/National Foreigner/International

BOOKING BY:

Name

Job Title:

Department:

E-mail:

Phone:

Mobile No.

ORGANISATION INFORMATION:

Company/Ministry Name:

Office/Billing Address:

PIN/ZIP:

GSTIN, if allotted:

REGISTRATION AND PAYMENT INFORMATION

Delegate(s) Category	Registration Fee	No. of Person(s)	Sub-Total	Discount	Total
Add: GST @ 18%:					
Net Amount:					
In words:					

PAYMENT DETAILS (Payment Invoice will be sent after realization of payment into our bank account)

Date	Payment Mode	Reference No.	Total Amount

DELEGATE(S) DETAILS

Name	Designation	Mobile No.

BANK ACCOUNT INFORMATION:

Business Account No.: 135105000291
 Account Name: SYMBROJ MEDIA PRIVATE LIMITED
 Bank Name: ICICI Bank Ltd.
 IFSC Code: ICIC0001351
 Swift Code: ICICINBB007
 Branch Name: Loni Road, New Delhi, India

PLEASE E-MAIL OR POST DULY FILLED REGISTRATION FORM TO:

SYMBROJ MEDIA PRIVATE LIMITED
 32B, J.P. Complex, Patparganj, Mayur Vihar Phase-I,
 New Delhi-110091, India
 Tel: +91 9990454505, 9354443916
 E-mail: narendra.shah@urbanmobilityevents.com