#### **REGISTRATION FORM**

#####

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

TO:

Mr. V. Gireesan

Incharge - CWC- Help Desk, Hyderabad

INDIAN CHEMICAL COUNCIL

Plot No 30, Viman Nagar

Secunderabad- 500 003

Tel: 040- 65555980 / Mob : 8790975660

E: icc.cwc@iccmail.in / vgireesan.menon@gmail.com / iccmumbai@iccmail.in

**Sub : Workshop on “RESPONSIBLE CARE FOR CHEMICAL RISK MANAGEMENT”**

**on 19-20 June 2017 at Coral 1-2-3, Hotel Novotel Visakhapatnam Varun Beach,**

**Beach Road, Visakhapatnam– 530 002, Andhra Pradesh**

With reference to your Circular No. 092/F:RC/95 dated 31 May 2017, we hereby nominate our following representative/s to attend the above Workshop :

|  |  |  |
| --- | --- | --- |
| ***Sr.******No.*** | ***Name of Representative*** | ***Designation*** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Registration Fees:

* **Members / Non Members : Rs.** **4,600/-** per delegate (Rs. 4,000/- + 15% Service Tax)
* **Academicians/Research Scholar/Students : Rs.** **2,875/-** per delegate

(Rs. 2,500/- + 15% Service Tax)

***(\*20% discount on participation fees for more than 2 delegates from the same company)***

We are enclosing herewith our Cheque / Demand Draft No. \_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_ for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the Registration Fee.

Thanking you,

Yours faithfully,

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Name of the Organisation* | : |  |
| *Address* | : |  |
|  |  |  |
| *Tel. Nos.* | : |  |
| *Fax No.* | : |  |
| *E-mail* | : |  |

Kindly draw the Cheque/Demand Draft in favour of

**INDIAN CHEMICAL COUNCIL**