

To,





\* All amount in Rupees unless specified

DATE: \_

## **DELEGATE REGISTRATION FORM**

REGISTRATION COMMITTEE  Madhya Pradesh Corrugated Box Manufacturers' Association, Indore												
Chairma	n Member		var Patidar 811 60494			Affix Photo Here Affi		Affix	Photo Here	Affix PI	noto Here	
<b>Dear Sir</b> Please r	; egister my/our name/s for partic	ipation in t	he 50 <sup>th</sup> FCBN	1 Confere	nce.							
S.No.	Name of the Participant			Mobile No.			Veg/Non Veg/Jain			Amount Rs.		
1												
2												
3												
Rs. in words												
Organisation: GSTIN:												
Address:												
Ema								il:				
Regional Association: (For								FCBM Member)				
Payment Details : Please (  ✓ ) Box												
Cheque NEFT No. Dated												
Drawn on Bank						Branch						
For Rs. —												
Cash Deposited at SBI Branch Dt												
The Association shall act as a pure agent of the delegate by incurring expenses and making payment to third party on delegates' authorisation. We shall not hold any title nor shall we use the goods or services so procured or supplied as pure agent. We shall recover only the actual amount incurred to procure such goods or services in addition to the amount to be received for services provided on our own account.												
Regist	ration Fee Per Person	Fees	GST (18%)	Total	Re	gistration F	ee Per Pe	erson	Fees	GST (18%)	Total	
FCBM N	mbers (Early Bird up to 01/07/2022) 7500 1350 8850 Guest (Before 01/07/2022)				)	11000	1980	12980				
FCBM N	Members (Before 30/10/2022)	8500	1530	10030	Gue	uest (After 30/10/2022)			13000	2340	15340	
FCBM N	Members Spot	10000	1800	00 11800 Guest's Spouse				9000	1620	10620		
FCBM Members Spouse, Child 12 to 16 Yrs 5500 990 6490 Foreign Delegate USD 600 (Inclusive of all											all taxes)	
Bank Details: Account Name: "Corrugated Box Manufacturers Association Samiti", Bank Name: State Bank of India, Branch: SSI Finance, Indore A/c No.: 35144902358, IFSC: SBIN0030153, SWIFT CODE: SBININBB426												
NOTE:  1. Booking Form for rooms will be processed on receiving Registration confirmation only 2. Please send your photo ID along with your Registration Form for easy check in at hotel. 3. For Registrations received after 1st November 2022, Registration kit will be given subject to availability. 4. Cancellation policy: Registration Fee is non-refundable. 5. For single/triple occupancy kindly contact hospitality committee. 6. Extended night before and after kindly contact hospitality committee.								(Ple	<b>Signature:</b> (Please affix your Company Seal)			

Please reach us at: Madhya Pradesh Corrugated Box Manufacturers' Association

Administrative Office: Sureka Paper Containers Pvt. Ltd., The Magnate, Off. No. 303, 6/1 New Palasia, Indore (M.P.) - 452001 Website: www.mpcbma.com | Email: registration@mpcbma.com