

Registration Form

To,
Hon. Secretary
Western India Corrugated Box Mfrs. Association
138, Mittal Indl. Estate No.3
M. Vasanji Road, Andheri (E), Mumbai - 400 059.

Date : _____

Dear Sir,
Please register the following name (s) to the Certificate Course in Corrugated Packaging -
Semi Automatic Process

	Name	Designation
1)	_____	_____
2)	_____	_____
3)	_____	_____

Details of Registration Fees :

- Rs. 11000 /- + (Rs. 1540 /- Service Tax) X _____ = _____ (FCBM Members)
No. of participants
- Rs. 12000 /- + (Rs. 1680 /- Service Tax) X _____ = _____ (Non - Members)
No. of participants

Cheque (local) / D.D. No. _____ Dated _____ for Rs. _____ drawn on

_____ (Bank) in favour of **Western India Corrugated Box Mfrs. Association**
Payable at Mumbai is enclosed.

Please send confirmation of Registration.

Name of the Organisation : _____

Address : _____

Tel. No. : (Office) _____ (Resi) : _____ (Cell) : _____

Fax No. : _____

E-mail : _____

Signature

Note : * Use xerox copies of registration form for more then 3 registrations.

**** delete whichever is not applicable.**