

.....SPIT-IEEE Colloquium 2007

**WORKSHOP 2: Information Security
Registration Form
February, 04-05, 2008, Mumbai, India**

NAME:

Mr / Ms		
TITLE	FIRST-NAME	SUR-NAME

Country Represented:

	City:	
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Organization:

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Contact Details:

Complete Mailing Address: _____ _____ _____ _____
Work Phone: _____ Home Phone: _____
Fax: _____ Mobile: _____
E-mail: _____

**Registration Fees
(Please tick):**

Registration Category	Amount Payable
A Participants from India A.1 Student / Research Scholar A.2 Faculty A.3 Corporate	
B Participants from Abroad B.1 Student / Research Scholar B.2 Faculty B.3 Corporate	
Total Registration Fees : (USD/ INR)	

**Mode of Payment
(Please tick):**

Draft: Cheque:

Cheque/Demand Draft should be drawn in favor of "Co-ordinator, Colloquium 2007"

Bank Draft payable at Mumbai	Bank Cheque (within Mumbai only)
Amount: Drawn on bank: Draft Number: Dated:	Amount: Drawn on bank: Cheque Number: Dated:

Date:

Conference Participants Signature

Payment Details for office use only

Total Payment Due:	Currency	Amount
Participants Conference Registration Fee	USD/ INR	

Signature of authorized person: