

.....SPIT-IEEE Colloquium 2007

Conference Registration Form

February 04-05, 2008, Mumbai, India

NAME:

| | | |
|---------|------------|----------|
| Mr / Ms | | |
| TITLE | FIRST-NAME | SUR-NAME |

Title of Paper

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Country Represented:

| | | |
|--|--|--|
| | City: <table border="1"><tr><td></td></tr></table> | |
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Organization:

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Contact Details:

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

Registration Fees
(Please tick):

| | | | |
|--------------------------------------|-----------------------------------|--------------------------------------|----------------|
| Registration Category: | AUTHOR <input type="checkbox"/> | PARTICIPANT <input type="checkbox"/> | Amount Payable |
| A | Author / Participants from India | | |
| A.1 | Student / Research Scholar | | |
| A.2 | Faculty | | |
| A.3 | Corporate | | |
| B | Author / 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"

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