



Registration Form

Name of Participant :

Occupation / Name of Organization) :

Address :

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Phone No.(With STD Code) Office : Mobile :

E -mail :

Payment Details : Enclosed Cheque / DD No. Dated :

Amount` Bank.....

Favouring **Foundation for Comprehensive Dispute Resolution**, Chennai

For Transfer by NEFT:

Account No: 6228507521

Name of the Bank: Indian Bank, Madras High Court Branch

IFSC Code: IDIB000M157

Signature

Delegate Fee: `Rs.5000/- for Corporates and Rs.3000 for practicing advocates.

Please send this Form duly filled in enclosing Cheque / Demand Draft payable at Chennai to any of the following addresses:

<i>Foundation for Comprehensive Dispute Resolution, 6/1 1st Floor, Rams Block, Jupiter Complex, Durgabai Deshmukh Road, Chennai 600 028 fcdrrchennai@gmail.com</i>	<i>Madras Management Association 21/11, 3rd Cross Street, Seethammal Extension, Opp. SIET College, Teynampet, Chennai, Tamil Nadu 600018 mma@mmachennai.org</i>	<i>ISPARIN No. 8, Ega Trade Centre, 809, Poonamallee High Rd, Kilpauk, Chennai, Tamil Nadu 600010 Isparintechnologies@gmail.com</i>
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Received a sum of _____ with thanks from _____

towards registration fees for Conference on Appropriate Dispute Resolution to be held on 27.02.2016.

Signature: _____

Date: _____

