

ANNEXURE 1

REGISTRATION FORM

3rd New Delhi Automotive Summit 2018 Making the Indian Auto Component Industry Future Ready

7th February, 2018: Hotel Lalit, New Delhi

The Secretary
Automotive Component Manufacturers Association of India
6th Floor, The Capital Court,
Olof Palme Marg, Munirka,
New Delhi 110067

Phone: 011-26160315

E-mail: sapna.vijh@acma.in

Dear Sir,

The following personnel from our company will attend:

Name	Designation	Mobile	Email ID
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

- A 10% discount (on the total amount) will be extended to companies nominating 3 or more delegates.
- Participation fees per delegate would be as follows:
For ACMA Members : Rs. 6490 (Rs. 5500 + 18% GST)
For Non-Members : Rs. 7670 (Rs. 6500 + 18% GST)

Delegate Fee is Non-residential and Non-refundable. However change in Nomination is allowed till two days before the program date.

We would like to avail of sponsorship opportunities (details are mentioned in Annexure 2)- Please tick:

	Member	Non-Member	
1. Gold Partners	Rs. 500,000/-	Rs. 600,000/-	<input type="checkbox"/>
2. Silver Partners	Rs. 300,000/-	Rs. 350,000/-	<input type="checkbox"/>
3. Executive Partners	Rs. 75,000/-	Rs. 95,000/-	<input type="checkbox"/>

Sponsorship Fee is Non-residential and Non-refundable.

DEMAND DRAFT / CHEQUE NO. _____ Dated _____ AMOUNT: _____ (NON-REFUNDABLE) TDS: _____ BANK: _____ DATED: _____ IN FAVOUR OF "AUTOMOTIVE COMPONENT MANUFACTURERS ASSOCIATION OF INDIA"	<u>ACMA Bank detail for bank transfer :</u> Bank Account Name : Automotive Component Manufacturers Association of India Account No. : 90561010001459 Bank Account Type: Current Bank Name: Syndicate Bank Bank Address: R.K.Puram, Delhi Tamil Sangam Buidling, New Delhi-110022, India SWIFT Code: SYNBINBB126 MICR Code: 110025043 IFSC Code : SYNB0009009 UTRNO. _____ DATE: _____ AMOUNT: _____ TDS _____
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Invoicing Details	
Name	
Designation	
Company	
Address on Invoice	
Mobile no.	
GST Number as per Invoice Address	

Coordinator's Name: _____ Designation: _____

Organisation: _____

Address: _____

Tel. No: _____ Mobile No: _____ E-Mail id: _____

Signature: _____ Date: _____