

SAMATVA 2015-Kerala CSR Conclave

DELEGATE NOMINATION FORM

**Date : 28th March 2015 9:00am onwards**

**Venue : Le Meridien, International Convention Centre, Cochin**

**Name of the Organization /Individual**:

**Address:**

|  |  |
| --- | --- |
| **Phone (Off.)/Mobile** | **E-Mail** |
|  |  |

I/We nominate the following persons to attend the **SAMATVA-2015**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Name** | **Designation** | **Chamber Member/Non-Member** | **Food Preference**  **(Veg./Non-Veg.)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**Delegate Fee**

**Members : ₹ 2,000\* : Non Members: ₹2,500\* : Student: ₹1,000\*  
\* Plus Service Tax of 12.36% \*10% discount for 3 or more participants from the same Company.  
  
You may pay the Registration fee by:**

(1) Cheque / DD in favour of  “The Cochin Chamber of Commerce and Industry” payable at Cochin.

(2) Online Transfer (NEFT/RTGS).

Account Name: Cochin Chamber of Commerce and Industry

Bank & Branch: HDFC Bank, Willingdon Island, Cochin

Account No   : 12222020000214 Account type  :Current AccountIFSC/NEFT      : HDFC0001222

**Please mail this form to:The Cochin Chamber of Commerce and Industry, Willingdon Island, Cochin-682 003.**

**Name, Designation & Signature**