**Registration form**

(can be sent through email) **Email:** info@isqnet.org16th Annual Conference 2019December 12-13, 2019 Pune, Hyatt Regency, Nagar Road, Pune

1. **Nominees**: We nominate the following person(s) from our organization for the conference.

**Name of the Organisation**:

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| Sr. No. | Name | Designation | Mobile | E-mail ID | Type of participation  |
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**Type of participation**: Delegate, Presenter of case study, Student participant, Student presenter

1. **Registration Fees**
* For ISQ Member Rs 8,000/--(Rs. Eight Thousand only). Non-member Rs. 10,000/-(Rs. Ten thousand only)
* Organisations registering 3 or more participants – Rs. 8000/- per participant. (Rs. Eight Thousand only)
* Early bird fee of Rs 8,500/- will be applicable for all registering before 25th November 2019.
* Fee for Micro and Small Scale Enterprises (Annual Turnover of < Rs 75 Crores) Rs 7000/-- per participant.
* One of first author/ presenter of case study/ technical paper Rs 6000/- (Rs. Six Thousand only)
* Student fees Rs.4000/--(Rs. Four Thousand only).
* For organizations registering five or more participants (including author of case study), every sixth delegate will be registered free.
* Every delegate will receive free membership of ISQ for the period April 2020 to March 2021.

**NOTE:**

* Applicable government taxes and levies **(e.g. GST)** will be charged additionally, at actuals.
* We discourage cancellation of nomination; however, change in nomination is acceptable.
* Change of Nomination needs to be done through a written request to the contact person below

**Beneficiary Bank Account Name:** Indian Society for Quality **Name of the Bank**: HDFC Bank **Branch**: Greater Kailash 2, New Delhi

**Bank Account No.:** 00272000001288 **IFSC Code:** HDFC0000027 **GSTIN No.:** 07AAATI0276N1ZG

**Billing address:** 52, Community Centre, East of Kailash, South Delhi, Delhi- 110065

**Payment information: Account details for Cheque/ RTGS/ NEFT transfer**

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| **Cheque /DD/NEFT/RTGS ref. Number** | **Name of the Bank** | **Date** | **Amount (Rs)** |
|   |   |   |   |

**Nominating Authority**:

Name: ------------------------------------------------- Designation: ----------------------------------

Organization: -------------------------------------------------------------------------------------------

Address: -------------------------------------------------------------------------------------------------

City: --------------------- Pin: ------------ Phone: --------------------- Email: ----------------------

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For more details, please contact**

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