|  |  |  |  |
| --- | --- | --- | --- |
| **Please Type all Information** | | | |
| **Name of Organisation** |  | | |
| **Address of Organisation** |  | | |
|  |  | | |
| **GST Number (Please Type)** |  | | |
| **PAN No.** |  | | |
| **ISPE member delegates ( Please add additional rows as required)** | | | |
| Name | Membership No. | | Designation |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **Non ISPE Member Delegates( Please add additional row as required)** | | | |
| Name | | Designation | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |

**Complete the Registration form and email it to** [**ispeindia@outlook.com**](mailto:ispeindia@outlook.com)**.**

**A proforma Invoice will be sent for making payment with due date for payment.**

**A table with numbers and text

Description automatically generated**