|  |
| --- |
| **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****.**

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

****