

FORM – A
REGISTRATION FORM

Full name :
(In capital) _____

Address: _____

Tel .No: (off:) _____ Fax: _____

E-Mail: _____

No. of accompanying persons: Adults Children
(above 6 yrs)

Type of food: Veg Non Veg

ASI Member status: Ordinary Life Non
Member

Accommodation: Required Not
Required

Mode of payment:

D. D. No. _____ Date _____ Amount (a) Conf. Fee Rs _____
(b) CME Fee Rs _____

Bank Details _____

Signature of Delegate _____