



REGISTRATION

Chairman
Mr. Anil Loya
 +91 93262 00899
 wicmasymposium@gmail.com



Date: _____

Please register the following for participation in the WICMA Symposium 2018.

Please indicate with a tick mark. WICMA Member FCBM Member Guest

	Name	Age*
Participant		Not required
Spouse		Not required
Child		

*Age to be mentioned only if less than 12 years.

Name of the Regional Association:	
Name of the Organisation:	
Address:	
Phone:	GST No.:
Mobile:	e-mail:

Payment Options (Tick one)

- Cheques /DDs drawn in favour of **Western India Corrugated Box Manufacturers' Association**, payable at Mumbai.
- RTGS / NEFT:** Account Name: Western India Corrugated Box Manufacturers' Association.
 Current A/c Number : **0412020000021** | Bank Name: **Bank of Baroda, Sakinaka Branch**
 MICR Code: **400012057** | IFSC Code: **BARBOSAKINA**

Payment Details

- Cheque No. _____ dated _____ for Rs. _____ on _____ (Bank and Branch)
- RTGS / NEFT No.** _____ for Rs. _____ through _____ (Bank and Branch)

Cheques/Drafts must be sent to WICMA Office along with Registration Form. If payment option of RTGS/NEFT is exercised, proof of RTGS/NEFT should be submitted along with Registration Form.

Registration Fee details overleaf

Signature _____

Registration Fee per person (Inclusive of GST 18%)

	Participant	Spouse and Child over 12 years
FCBM / WICMA Member	Rs. 2950/-	Rs. 1770/-
Guest	Rs. 5900/-	Rs. 5900/-

- Please send separate forms for each participant.
- Please make photocopies for additional participant's registration.
- Registration of participants on first-come-first-served basis.
- Registration Form along with payment should reach us before 10th July 2018, after which Spot Registration will be available, subject to availability of seats.
- Spot Registration against cash payment only.

For any other queries, please contact:

Chairman

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WESTERN INDIA CORRUGATED BOX MANUFACTURERS' ASSOCIATION

138, Mittal Estate No. 3, M. Vasanji Road, Andheri (E), Mumbai - 400 059.

Phone: +91 22 2850 0687 / 2850 4523 ● Mobile +91 98201 65558

e-mail: wicmasymposium@gmail.com ● Website: www.wicma.com