FFIA-2024

Registration form (Template)

|  |  |
| --- | --- |
| Salutation (Dr/Mr/Mrs/Ms) |  |
| First Name |  |
| Last Name |  |
| Name of organisation |  |
| Designation |  |
| Department |  |
| Address |  |
| Email- ID |  |
| Mobile No. |  |
| Whatsapp No. |  |
| Participation Category  (Delegate/Poster Presentation) |  |
| Amount (Rs.) |  |
| Transaction ID and date |  |
| Name in which invoice to be raised, Address, GST No. (if applicable) |  |