cid:b358cc71b24407be_0.0.1

**REGISTRATION FORM FOR PARTICIPATION AS DELEGATES**

**The Secretary Annexure II**

**ACMA**

**6TH Floor, The Capital Court, Olof Palme Marg**

**Munirka, New Delhi – 110067**

**F**orm to be e-mailed to: [mayank.nigam@acma.in](mailto:mayank.nigam@acma.in); [hansraj.sarma@acma.in](mailto:hansraj.sarma@acma.in); [jairaj.kumar@acma.in](mailto:jairaj.kumar@acma.in);

Mobile No :; +91-9711159124; +91-7060508867 ; +91-9873479790

Dear Sir/Maám,

**1st Automotive Raw Material Conclave & Exhibition**

***Theme: New Age Automotive Raw Materials - Challenges & Opportunities***

**2nd July, 2019**

**Hotel Hyatt Regency Delhi**

**Bhikaji Cama Place, Ring Road, New Delhi - 110 066**

We are pleased to confirm our company’s participation in the **1st Automotive Raw Material Conclave &** **Exhibition** and would like to nominate the following personnel from our organisation.

Name\* Designation\* E-mail id\* Mobile Number\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We would like to meet with the following Exhibitors for B-2-B session:**

1. ………………………………
2. ………………………………

**Participation fees for delegates:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Participation Fees** | **GST** | **Total Fees** |
| ACMA Members | Rs. 3500/- | 18% | Rs. 4130/- |
| Non-ACMA Members | Rs. 4500/- | 18% | Rs. 5310/- |

**Participation fees for Brand Promotional Opportunity:**

**Interested In :**

**Principal Sponsorship (Rs. 300,000/-)**

**Associate Sponsorship (Rs. 200,000/-)**

|  |  |
| --- | --- |
| **Invoice to be sent to** | **Particulars** |
| Name \* |  |
| Designation\* |  |
| Company\* |  |
| Address\* |  |
|  |  |
| GST No.\* |  |
| Mobile/Phone Number\* |  |

**Please provide us with the following information of the company\*:**

IEC CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; PAN NO: \_\_\_\_\_\_\_\_\_\_\_\_; DIN NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| DEMAND DRAFT / CHEQUE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_  Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AMOUNT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_(NON-REFUNDABLE)  TDS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BANK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IN FAVOUR OF "AUTOMOTIVE COMPONENT MANUFACTURERS ASSOCIATION OF INDIA" | ACMA Bank detail for bank transfer :  Bank Account Name : Automotive Component Manufacturers Association of India  Account No. : 90561010001459  Bank Account Type: Current  Bank Name: Syndicate Bank  Bank Address: R.K.Puram, Delhi Tamil Sangam Building, New Delhi-110022, India  SWIFT Code: SYNBINBB126  MICR Code: 110025043  IFSC Code : SYNB0009009  UTRNO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_  AMOUNT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TDS\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| You can use <https://www.acma.in/payment-online.php> for online payment. | |

**Note:** Kindly provide us the UTR No. and also TDS deduction details after the transaction along with the date of transaction to enable us to track the payment.

Coordinator’s Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail id\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Fields marked with \* are mandatory.
* The participation fee is non-refundable, however change in Nomination is allowed till two days before the program date.
* Re-Confirmation email will be sent by ACMA.

Signature