

## ANNEXURE 1

### Registration Form

#### Conference on Aftermarket – Global Trends and Opportunities 12.30 pm – 5.30 pm: 15<sup>th</sup> February, 2019: Hotel Shangri-La's Eros, New Delhi

The Secretary  
Automotive Component Manufacturers Association of India  
6th Floor, The Capital Court,  
Olof Palme Marg, Munirka,  
New Delhi 110067

Phone: 011-26160315  
Fax : 011-26160317  
E-mail: sapna.vijh@acma.in

Dear Sir,

The following personnel from our company will attend:

Name	Designation	Mobile	Email ID
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

- A 10% discount (on the total amount) will be extended to companies nominating 3 or more delegates.

- Participation fees per delegate would be as follows:

- For ACMA Members : Rs. 3000/- (+ 18% GST)
- For Non-Members : Rs. 3500/- (+ 18% GST)

***Delegate Fee is Non-residential and Non-refundable. However change in Nomination is allowed till two days before the program date.***

We would like to avail of sponsorship opportunities (details are mentioned in **Annexure 2**)- Please tick:

	Member	Non-Member	
1. Gold Partners	Rs. 100,000/-	Rs. 150,000/-	<input type="checkbox"/>
2. Silver Partners	Rs. 60,000/-	Rs. 80,000/-	<input type="checkbox"/>

***Sponsorship Fee is Non-residential and Non-refundable.***

DEMAND DRAFT / CHEQUE NO. _____ _____ Dated _____ AMOUNT: _____ (NON-REFUNDABLE) TDS: _____ BANK: _____ DATED: _____  IN FAVOUR OF "AUTOMOTIVE COMPONENT MANUFACTURERS ASSOCIATION OF INDIA"	<u>ACMA Bank detail for bank transfer :</u> 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 Buidling, New Delhi-110022, India SWIFT Code: SYNBINBB126 MICR Code: 110025043 IFSC Code : SYNB0009009  UTRNO. _____ DATE: _____ AMOUNT: _____ TDS _____
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Invoicing Details	
Name	
Designation	
Company	
Address on Invoice	
Mobile no.	
GST Number as per Invoice Address	

Coordinator's Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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

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

Tel. No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ E-Mail id: \_\_\_\_\_

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