**Registration Form for Case Study Presentations - ICACER-2019**

***(All fields are mandatory for registration)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title of Case Study :** | | | | | | |
| **Case Study ID ( To be allotted by the Organizing Committee):** | | | | | | |
| **Name of the Organization :** | | | | | | |
| **Names & Designations of the Delegates :** | | | | | | |
| **Sr No** | **Name** | | **Designation** | **Email** | | **Mobile** |
| **1** |  | |  |  | |  |
| **2** |  | |  |  | |  |
| **Names & Designations of the Contact Person** ( if other than above): | | | | | | |
| **Sr No** | **Name** | | **Designation** | **Email** | **Mobile** | |
|  |  | |  |  |  | |
| **Mailing Address** | |  | | | | |
|  | | | | |
|  | | | | |
| **Payment Details\*** | | **Fees Paid (Rs.) :**  **Date of Transaction :**  **Transaction Type :**  **Transaction ID / Reference No. :**  **Name of the Bank of Payer (Delegate) :** | | | | |

**\*Fess of Rs 5,000/- for a team of two delegates. Fill separate forms for more entries from the same organization.**