**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.**