

REGISTRATION FORM

Participant	Speaker	Sponsorship (List the names of the nominees)	
Name	:		
Name of the Company/Institution	:		
Address	:		
Email	:		
Telephone	:	Mobile:	Landline:
ICSQA Current [2018] membership No. (if applicable)	:		
To be filled by Speakers			
@Proposed topic for presentation:			
Author(s):			

@ Submit abstract not exceeding 250 words with biography of author(s) not exceeding 150 words by 31 July 2018, by email to president@icsqa.org.

Registration/Sponsorship fee paid (`) :

Registration Fee: Mode of payment

*Online payment: Indian Chapter of the Society of Quality Assurance Trust (ICSQA), A/c No.: (preferred) 30376720449, State Bank of India Branch R.T. Nagar, Bengaluru 560032, IFSC SBIN0007982. Please indicate your **"Name"** or **"Company name"** in remarks/narration.

#Cheque/DD: In favour of "Indian Chapter of the Society of Quality Assurance Trust" payable at Bengaluru.

Cheque/DD No.:

Date:

Signature

Date

Place

* Send the above completed Registration Form by email to treasurer@icsqa.org

Send the signed form along with the Cheque/DD by post to Indian Chapter of the Society of Quality Assurance Trust (ICSQA), 933 (New No.12), 8th A Main, K.H.B. Road, Kavalbyrasandra New Extension, R.T. Nagar, Bengaluru 560 032.