**REGISTRATION PROFORMA**

## Business Delegation to Canada and USA

 24th to 30th July 2018

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| *For registration, please contact:*  |

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| Kashish Tyagi Neelu SadanaRegional Director Regional SecretaryCell no. :+91-9560552247 Cell no. : 9810815788Email : kashish.tyagi@iaccindia.com Email : neelu@iaccindia.com |
| **(TYPE IN BLOCK LETTERS PLEASE)** |  |
| **Name of the Mission Member** | Designation |
| **Name of the Organization:** |
|  |
|  Address:  |
| Telephone (Direct & Mobile) | Fax |
| Email | Website |
| Name of the Secretary | Mobile No. | E-mail ID |
|  |  |  |
| **Company Profile** *(Briefly mention in not more than 150 words about your company, products and services as well as any other point about your organization that you may like to highlight)* |
| **Specific Business Interests / Purpose of the Visit** *(not more than 50 words)* |
| **Number of Employees** \_\_\_\_\_\_\_\_\_\_ person | **Year of Establishment** \_\_\_\_\_\_\_\_\_ |
| **Annual Turnover** |  |
| **Personal Profile of the Mission member (***Briefly mention in not more than 50 words your professional background as well as any other point you may like to highlight)* |
| Details of your previous overseas travels |
| **Areas of interests*** Export
* Import
* Investment
* Joint Venture
* Technical Collaboration
 |
| ***Having USA Visa:*** *Yes / No* ***Having Canada Visa:*** *Yes / No* |
| Payment |
| ***Delegation Fee:*** *Rs. 50000 + 18% GST to meet administrative expenses, cost of visit of executives of Chamber, Delegation Catalogue, Delegation Kit.***Bank detail for payment by RTGS / NEFT:**

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| --- | --- |
| **Bank Account No.:** | **30667839353** |
| **Bank Name** | **State Bank of India** |
| **Bank Address** | **(07407), Asian Games Village Complex, NCUI 3, Sri Institutional Area, August Kranti Marg, New Delhi-110016** |
| **MICR Code** | **110002007** |
| **IFSC Code** | **SBIN0007407** |
| **Swift Code** | **SBININBB382** |
| **Vendor Name** | **Indo American Chamber of Commerce** |
| **Email Address:** | neelu@iaccindia.com |
| **Mobile No.:** | **9810815788** |

***Please Note:***1. *Delegates would have to bear their own air travel & visa, hotel & food, local travel cost.*
2. ***Cancellation Charges***

Cancellation prior to 30 days from the travel date -100 percent refundCancellation prior to 15 days from the travel date- 75 percent refund Less than 15 days – no refund |
| PASSPORT DETAILS |
| **Passport No.** | **Date of Issue** | **Date of Expiry** | **Place of Issue** | **Date of Birth** |
|  |  |  |  |  |
|  |

# **(Note: Please use a separate sheet for related information you wish to include)**

# **Place: Signature**

# **Date:**