**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 Sadana  Regional Director Regional Secretary  Cell no. :+91-9560552247 Cell no. : 9810815788  Email : [kashish.tyagi@iaccindia.com](mailto: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:**     |  |  | | --- | --- | | **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](mailto: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 refund  Cancellation 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** | |
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# **(Note: Please use a separate sheet for related information you wish to include)**

# **Place: Signature**

# **Date:**