



# 3<sup>RD</sup> INTERNATIONAL COMPETITION LAW CONFERENCE

12<sup>th</sup> November 2016 | NDMC Convention Centre &  
The Park Hotel, Sansad Marg, New Delhi, India

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DELEGATE REGISTRATION FORM

## Personal Details: (Please fill in CAPITAL LETTERS Only)

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Delegate First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Gender:  Male  Female

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

Organisation: \_\_\_\_\_

Designation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email Id: \_\_\_\_\_

Accompanying person (If any): \_\_\_\_\_

Relationship: \_\_\_\_\_

## Flight Details(if available):

Arriving from: \_\_\_\_\_

Flight no: \_\_\_\_\_

Date of arrival: \_\_\_\_\_

Expected time of arrival: \_\_\_\_\_

Date of departure: \_\_\_\_\_

Time of departure: \_\_\_\_\_

## Mode of Payment:

**1. Bank Transfer**  
 You can pay by bank transfer using the following instructions:  
**Bank:** RBL Bank Ltd (Formerly The Ratnakar Bank Limited)  
**Branch:** Vasant Vihar  
**Account Title:** CIM Global India Pvt Ltd (A/c CLC)  
**A/c No.:** 409000516751  
**Swift Code:** RATNINBBXXX  
**RTGS:** RATN0000182

Name of Bank : \_\_\_\_\_

A/c No. : \_\_\_\_\_

Total Amount : \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

**2. Demand Draft/Cheque**  
 (applicable only for Indian Delegates)  
 You can pay by Demand Draft/Cheque in favor of "CIM Global India Pvt Ltd (A/c CLC)" Payable at New Delhi  
**DD/Cheque No:** \_\_\_\_\_

Amount: \_\_\_\_\_

Dated: \_\_\_\_\_

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**Note:**  
 1. Charges incurred for DD will be borne by payee.  
 2. Send the duly filled-in registration form along with DD/Cheque by Registered Post/Courier to the below mentioned address. For more details please contact us at: [info@clba.in](mailto:info@clba.in)

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Above mentioned rates are inclusive of service tax, swaccha bharat cess and krishi kalyan cess  
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Gender:  Male  Female

Permanent Address: \_\_\_\_\_  
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 \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

Passport no: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Place of issue: \_\_\_\_\_ Valid upto: \_\_\_\_\_

## Kindly send the duly filled-in form at:

**Conference Manager**  
**CIMGLOBAL**  
 Meeting your meeting needs  
 309-311, DLF City Court, MG Road  
 Gurgaon 122 004, Haryana, India  
 Tel: +91 124 4617700

**Contact**  
**Ms Anjali / Mr Ravi**  
 M: +91 9650607824 / +91 87500 12251  
 E: [anjali@cimglobal.net](mailto:anjali@cimglobal.net) / [ravi@cimglobal.net](mailto:ravi@cimglobal.net)  
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