

# Registration Form

Name	
Designation	
Organisation / Company	
Address	
Contact Details	
E mail Cell Phone Fax	
IRI Membership	
Member <input type="checkbox"/> Non-member <input type="checkbox"/>	
Payment Details	
DD/Cheque number Date Bank Bank Transfer Details	
Choice of Accommodation	
< Rs. 1000/= per day <input type="checkbox"/> Rs. 1000-3000/= per day <input type="checkbox"/> Rs. 3000/= per day <input type="checkbox"/>	