



REGISTRATION FORM

South Asian Hoteliers' Conclave 2016

Taj Palace Hotel, New Delhi

August 09 – 10, 2016



DELEGATE'S NAME: Mr./ Mrs./Ms.....

DESIGNATION/ POSITION HELD:.....

HOTEL ASSOCIATION/ HOTEL COMPANY:.....

MAILING ADDRESS:.....

TELEPHONE NO. (with Area code):.....

CELL NO. (with country code):.....

EMAIL ID:.....

REGISTRATION FEE:

Cheque/ Demand Draft No.....dated.....
for Rs. 25000/- plus 15% Tax (includes Service Tax, Swachh Bharat Cess and Krishi Kalyan Cess)
drawn on.....Bank, favouring Hotel Association of India payable at New Delhi.

Or

by Bank Transfer vide UTR No.....for Rs. 25000/- plus 15% Tax (includes Service
Tax, Swachh Bharat Cess and Krishi Kalyan Cess) issued by.....Bank
to the beneficiary Bank as per details below:

Beneficiary Bank's Name: The Punjab National Bank; Beneficiary Bank's Address: 7, Bhikaji Cama Place,
New Delhi – 110066; Beneficiary Account No.: 1988002100187289; Beneficiary Bank's IFSC Code:
PUNB0198800

Signature:

(Authorised Signatory)

Name in Block Letters:

Designation:

Company Name:

Address:

Date:.....

Place:.....