

# COMPLIANCE TRAININGS SEMINAR REGISTRATION FORM

Seminar Topic: 21 CFR Part 11 and Risk Assessment - Avoid Warning Letters & Reduce Costs  
 Choose Your Dates & Location: \_\_\_\_\_ Time: 9 AM - 6 PM  
 August 3 - 4, 2017                       August 7 - 8, 2017                       August 10-11, 2017  
                          Hyderabad    Bangalore    Goa

Please fill out the delegates details

	Full Names	Designation	Email ID
Attendee 1:			
Attendee 2:			
Attendee 3:			
Attendee 4:			
Attendee 5:			
Attendee 6:			

For additional attendees, feel free to use an additional form

PRICING	Early Bird Offer (INR)	Regular Price (INR)	Late / On the Spot (INR)
For One Delegate	<del>29,000</del> <b>19,000</b> Save 10,000 (34%)	<b>29,000</b>	<b>39,000</b>
Group of 4 Delegates (Register for 3 and get <b>1 Pass Free</b> )	<del>116,000</del> <b>57,000</b> Save 59,000 (51%)	<del>116,000</del> <b>87,000</b> Save 29,000 (25%)	N/A
Group of 6 Delegates (Register for 4 and get <b>2 Passes Free</b> )	<del>174,000</del> <b>76,000</b> Save 98,000 (56%)	<del>174,000</del> <b>116,000</b> Save 58,000 (33%)	N/A
Registration Date	<b>Before 28 June 2017</b>	<b>Before 26 July 2017</b>	<b>From 26 July 2017</b>

\*\* Prices + Service Tax (as per Government Norms)

Mode of payment:     Credit / Debit Card                       Bank Wire Transfer                       Cheque / Demand Draft

[REGISTER ONLINE HERE](#)                      - using your Credit Card / Debit Card

For Bank Wire transfer, please get assistance by calling us at **080-4170-0521**

To pay by Cheque / Demand Draft, the Payee name is "**FutureCorp Consulting Pvt. Ltd.**", our parent company.

Please ensure to email a Scanned copy of the Cheque / DD to **info@compliancetrainings.com**, before sending it

Mail your cheque/DD to: Compliance Trainings (FutureCorp Consulting Pvt. Ltd.), 861, Peripheral Road, Koramangala, Bangalore - 560095

Cheque / DD Number \_\_\_\_\_ Dated: \_\_\_\_\_

Company Information:

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

PIN CODE: \_\_\_\_\_ Country: \_\_\_\_\_

Delegate's Direct Phone Number: \_\_\_\_\_

**Signature & Date**

(I hereby agree to the Terms & Conditions)