

DELEGATE REGISTRATION FORM

(Complete this form / enclose your business / visiting card and fax or mail to the address given below)

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3. _____

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Please charge to my card Rs/US\$ No..... Expiry Date.....

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Date..... CVV No. (last three digits on reverse side of the card below the magentic strip)

Credit Card Billing Address.....

For International Bank Transfer, please contact: somon@winrockindia.org

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participants (in Rs)

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For international

participants (in US\$)

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B Anil Kumar / Somon Paul, Winrock International India
788, Udyog Vihar, Phase V, Gurgaon, Haryana - 122 001; Tel: +91-124-430 3868
Email: anil@winrockindia.org / somon@winrockindia.org

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