



National Welding Seminar NWS 2010



REGISTRATION FORM

Title Dr. / Prof. / Mr. / Ms./ Other _____

Name _____
First Middle Last

Designation _____

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Category	<input type="checkbox"/> Register me for Seminar		<input type="checkbox"/> Register me for PCT		<input type="checkbox"/> Register me for Both	
	Fee	Tick	Fee	Tick	Fee	Tick
Member of IIW	3000	<input type="checkbox"/>	3000	<input type="checkbox"/>	5500	<input type="checkbox"/>
Academician	3000	<input type="checkbox"/>	3000	<input type="checkbox"/>	5500	<input type="checkbox"/>
Non-Member	3500	<input type="checkbox"/>	3500	<input type="checkbox"/>	6500	<input type="checkbox"/>
Presenting Author	2500	<input type="checkbox"/>	2500	<input type="checkbox"/>	4500	<input type="checkbox"/>
Student	2000	<input type="checkbox"/>	2000	<input type="checkbox"/>	3500	<input type="checkbox"/>

Please also register my accompanying spouse / person @ Rs. 2000

Name _____
First Middle Last

Demand Draft / Cheque No. _____ drawn on _____ For Rs. _____

favouring "Indian Institute of Welding, Visakhapatnam Branch" is enclosed herewith.

Delegate Signature _____ Date _____

Please send this form along with the payment to our event partners –



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