



IBA & FINSIGHT EVENTS
4th ANNUAL RISK & COMPLIANCE SUMMIT 2010

Monday, March 15, 2010 - 9.30 a.m. to 5.30 p.m.
Taj President, Cuffe Parade,
Mumbai 400 005s.

Kindly fax this form on + 91 22 2218 4222 / 2215 4131
OR
Email : sangeeta@iba.org.in / venkatachalam@iba.org.in

REGISTRATION FORM

Important : Confirmation will be issued only after receiving Full Delegate Fees

First Name : _____ Last Name _____

Job title : _____ Organisation _____

Business Address : _____

City _____ Pin: _____

Direct Phone / Mobile : _____ Office Phone _____

Fax _____ Email _____

Nature of business _____

Contact Person _____ Email _____

Direct Phone / Mobile /Office Phone _____

Conference Fees :

IBA Members (including RBI, IDRBT, & IIBF Members)

Individual - Rs. 8,000/-
Group of 5 Nominations Rs.32,000/-

Non-Members :

Individual - Rs. 9,000/-
Group of 5 Nominations - Rs.36,000/-

Payment method :
Cheque/Demand Draft No. _____ dated _____ drawn on _____ for Rs. _____/-
Payment should be made in favor of "Indian Banks' Association" payable at Mumbai.