

Seminar on 'Space Pressurization : Critical spaces such as Healthcare facilities, Clean Rooms , Pharmaceutical and Laboratories'

Date : 29th Aug., 2014

REGISTRATION FORM

Dr. ___ Mr. ___ Ms. ___ Prof. ___

Name 1. _____

2. _____

3. _____

4. _____

Organization _____

Address _____

City _____ State _____ Country _____ Pin code _____

Mobile _____ Tel Phone _____

Email (Mandatory) _____

Participation Fee : Rs. 2000/- , Students participation fee Rs. 500/-

(10% discount for ASHRAE / Ishrae Members and for more than 3 people from same organization.)

Bank Draft / Cheque in favor of "ASHRAE India Chapter"

Bank Draft/Cheque No. _____ Dated _____ Amount _____

Completed registration for to be sent by email / post to the address mentioned below :

ASHRAE India Chapter
K-43(Basement), Kailash Colony,
New Delhi – 110048,
Tel : 011-41635655, Email : ashraeic@airtelmail.in