

INDIA DIGITAL PAY-TV SUMMIT

ITC Maratha Hotel, Mumbai

October 11, 2011

Organized by



Indiantelevision.com

A DELEGATE DETAILS

DELEGATE 1

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E-mail: _____ Tel: _____

DELEGATE 2

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E-mail: _____ Tel: _____

To register more than 2 delegates, please use the space on the next page.

B ORGANISATION DETAILS

Organisation Name: _____

Industry: _____

Address: _____

City: _____ State: _____

Postal / Zip Code: _____ Country: _____

Primary Contact Person: _____

E-mail: _____

Tel: _____ Fax: _____

C PAYMENT DETAILS

I wish to register _____ (number of) delegates.

Total amount: Rs _____

D PAYMENT METHODS

Payments will accepted only by Cash/Demand Draft/Cheques

The DD/Cheque should be at par and it should be crossed and drawn In the Name of Indian Television Dot Com Pvt Ltd

Cash payments can be made at the Indiantelevision.com Mumbai Office

REGISTRATION FEES

Per Delegate: Rs 8,000.00

Group Discount:

50% discount for the
3rd delegate and onwards

REGISTRATION, CONFIRMATION AND FURTHER DETAILS

Please send your registration to:

Junaid Gandhi
Indian Television Dot Com Pvt Ltd.
C-350, Oshiwara Ind. Centre,
Opp. Oshiwara Bus Depot, New Link Rd,
Goregaon (W), Mumbai - 400104, India

Tel: (91) 9819806815

Fax: (91) (22) 28767791

Email: junaid.gandhi@indiantelevision.co.in

CANCELLATIONS AND SUBSTITUTIONS

Cancellations received in writing before
October 1, 2011, will incur a 50% charge.
After this date no refunds will be made,
but substitutions will be accepted at no extra
charge. We would appreciate prior notification
of substitute participants.

SUMMIT VENUE

ITC Maratha, Mumbai
Sahar, Mumbai, India 400099
Tel : (91) (22) 28303030
Fax : (91) (22) 28303131
Email : reservations.itcmaratha@itcthotels.in
<http://www.itcthotels.in/Hotels/itcmaratha.aspx>

PLEASE FILL THE DETAILS AND FAX TO +91-22-28767791

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ITC Maratha Hotel, Mumbai

October 11, 2011

A DELEGATE DETAILS

DELEGATE 3

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 4

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 5

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 6

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 7

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 8

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

DELEGATE 9

Dr Mr Mrs Ms Miss

Surname: _____ First Name: _____

Job Title: _____

E- mail: _____ Tel: _____

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