

Wednesday, 8th November 2017

India Habitat Centre, Lodhi Road, New Delhi, India
1-Day Conference



Registration Form

Name of the Organisation: _____

Name of Attendee: _____ Position: _____

Address: _____

Country: _____

Email: _____

Phone/Mobile: _____

GSTIN (if applicable): _____

Participation Fee (per attendee): Includes Conference Attendance and Buffet Lunch.

Category	Delegate Fee*#
All Delegates	INR 6,000/- Includes 18% GST) (* Bank charges to sender's account)

Mode of Payment:

The DD / Cheque No. _____ for INR _____ drawn in favor of "**Creativiews**" payable at New Delhi, Bank _____ Date _____ is enclosed.

Direct Bank Transfer:

Account Name : Creativiews
Bank Name : Yes Bank Ltd.
Branch : New Delhi
Account Number : 008483800003075
Account Type : Current Account
IFSC Code : YESB0000084
Swift Code : YESBINBB

Notes:

1. Maximum two participants per company.
2. Delegate Fee is non-refundable. Change in delegate name is possible till 27th October 2017.

Please note that only those registrants are eligible to attend who represent one of the categories mentioned in the conference brochure. In case of doubt, please check with GOTS.

Please send your registration forms and payment to 'Creativiews'. Copy all your emails to Mr. Sumit Gupta, GOTS Representative in India & Bangladesh (Organiser).

Delegate Registration:

Ms. Swati Sharma
Creativiews,
138/2/9, 1st Floor, Kishan Garh
Vasant Kunj, New Delhi-110070,
India
Email- edit@apparelviews.com
Mobile: +91 9310093872

Local Organising Partner:

Mr. Arvind Kumar
Creativiews,
138/2/9, 1st Floor, Kishan Garh
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Organiser Contact:

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