

## DELEGATE REGISTRATION FORM

Salutation ..... Surname ..... Forename .....

Organization ..... Designation .....

Address .....

City ..... Pin code ..... State .....

Mob ..... Tel ..... Fax .....

Email ..... Web .....

## CATEGORY

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Exporter                   | <input type="checkbox"/> Input Manufacture                   | <input type="checkbox"/> Eco- Tourism             |
| <input type="checkbox"/> Wholesaler/ Distributor    | <input type="checkbox"/> Certification Agencies              | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Farmer's Group/ FPO        | <input type="checkbox"/> Hotel and Hospitality               | <input type="checkbox"/> Publication House        |
| <input type="checkbox"/> Retail Brand               | <input type="checkbox"/> Cosmetic Industry                   | <input type="checkbox"/> Health and Wellness      |
| <input type="checkbox"/> Retailer                   | <input type="checkbox"/> Medicinal, Aromatic<br>& Dye Plants | <input type="checkbox"/> Others (Please Specify)  |
| <input type="checkbox"/> International Participants |  |   |

## ORGANIC STATUS

- ☐ Certified
 ☐ In Conversion
 ☐ Not Certified
 ☐ PGS/Not Applicable

## PRODUCTS / SERVICES OFFERED (PLEASE MENTION)

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## NO. OF PERSONS ATTENDING

Charges Per Person	Particulars	Early Bird offer (Before 15.12.2018)	Spot registration
	NGO's	500	1000
	Central/State Govt. Officer/Scientists	1000	1500
	Private Sector	1000	1500
	Farmers/ Student	200	500

## MODE OF PAYMENT

I enclose DD/NEFT to '**KAPPEC**' payable at Bangalore. DD/RTGS No. ....

Dated ..... for Rs ..... (in words) .....

drawn on **KAPPEC ITF 2019** (bank name) **State Bank of India** towards payment for Congress Registration.

Bank details: **37848201495** IFSC: **SBIN0040374**

## FOR MORE DETAILS, PLEASE CONTACT

**Mr. Jaydip Roy ( Mob: 9901878511 ) or Ms. Anitha ( Mob: 9902745413 )**

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