



## SOCIETY FOR TECHNOLOGY MANAGEMENT

### Choose your program:

- STEM Professional Development Program for Technology Managers, 19-21 August, 2009
- STEM Annual Summit, 22 August, 2009
- Both the Programs

Taj Banjara, Hyderabad

### REGISTRATION FORM

#### Personal Information

Name Mr./Ms./Dr./Prof : ..... Male/Female  
(as mentioned in the passport)

Organization : .....

Designation : .....

Office Address : .....

.....

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Office Phone : ..... Fax : .....

Residence Phone : ..... Mobile : .....

Website : ..... E-mail : .....

Date of birth : ..... Nationality : .....

Passport No : ..... Issue Date : ..... Valid upto : .....

Place of Issue : .....

#### Education

Credentials : .....

Institutions : .....

#### Occupation

Describe briefly the nature of your present position and any information that would help us understand your major area of responsibility:

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#### Particulars of Remittance

Cheque/DD/TT particulars : ..... Date: .....

Drawee Bank Reference: ..... Amount: .....

Date : .....

Place : .....

Signature of the Applicant