



SOCIETY FOR TECHNOLOGY MANAGEMENT

STEM Annual Summit, 7 - 9 December, 2011

Radisson Hotel, Pune

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