

**“HOSPITECH INDIA 2013”  
Registration Form**

Title (Prof. /Dr./Mr./Mrs./Ms).....

First Name      Middle Name      Surname

Company/Organization.....

Designation.....

Address.....

City..... State .....

Postal-code.....Country.....

Telephone ..... Cell No.....

Email.....

Number of Persons to be registered .....

**Mode of Payments:**

**Bank Draft / Cheque / Cash**

In favour of “Optim Associates LLP”, payable at Rajkot.

Bank draft/ Cheque No. .... Dated: .....

Amount .....Drawn on .....

Bank .....

Branch .....

- Please include a copy of your valid student identity card
- Please state the full name of the participant on the reverse of the cheque
- Registration forms must be accompanied by full payment in order to be processed.
- Deadline for registration : February 28, 2013

.....  
Signature

**Please send completely filled form to:**

**Ms. Nidhi Thacker**

Vision House, 3, Dhruv Nagar, Off. Raiya Road,

Rajkot – 360001, Gujarat, India

Phone: +91-281- 2455558

E mail: [consult@optim.in](mailto:consult@optim.in), [nidhi@optim.in](mailto:nidhi@optim.in)

