

REGISTRATION FORM

Two Day workshop

On

SPSS for Data Analysis

18th & 19th July, 2015.

Organized by

IBS Gurgaon

NAME OF PARTICIPANT (Dr. /Prof. /Mr. /Ms.):.....

DESIGNATION:

COMPANY/INSTITUTE/UNIVERSITY:

.....

ADDRESS:

.....

CITY: STATE: PIN:

TELEPHONE: (WITH STD CODE) FAX:

MOBILE NO: E-MAIL:

REGISTRATION FEE DETAILS

DEMAND DRAFT NO. / RECEIPT NO.:

AMOUNT:

DATE:

(Signature)