**REGISTRATION FORM**

Confirm your registration with duly filled and signed copy of this form along with DD or at par cheque drawn in favour of **“ Insight Systems Inc.,” payable at Pune,** on the address mentioned below :

**Insight Systems Inc.,**

‘SADHANA’, Plot No. 13, Mangaldham Society, Near Ekalavya Polytechnic, S. No. 52, Kothrud, Pune 411038. Tel : (020) 25368620, 25361165 (telefax ) Cell : 9822208197. e mail :[insight.shirgaonkar@gmail.com](mailto:insight.shirgaonkar@gmail.com), [insight.shirgaonkar@gmail.com](mailto:insight.shirgaonkar@gmail.com).

**Visit us at www.insightcgmp.com**

**Course Fee : Rs. 16986 ( Rs. 14,900 + 14% service tax Rs 2086 ) per person.** ( Includes stationery, tea and lunch expenses ) **( Please see below service tax and pan details. )**

**Heavy Discounts Offered: Following amounts are after discount +14% service tax**

**5% for two participants : Amount for two nominations after discount with service tax is Rs.32273**

**10% for three participants : Amount Three nominations after discount with service tax is Rs.45862**

**15% for four or more participants. : Amount per person after discount with tax is Rs. 14438**

**I wish to reserve a place for the training " Effective Investigation of GMP Failures and Deviations " for myself / my colleagues to be held at Hotel Satkar Residency, Thane on December 4,5, 2015**

**My Name : Mr./ Ms. / Dr.**

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**( Last name ) (First Name ) ( Middle Name ) ( Job Title )**

**1.­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**( For more than four nominations use another copy of the form or attach a separate sheet ).**

**My Organisation’s Name, address and Tel. No. : ( cell no of participants mandatory )**

**My Tel. No –**

**My Mobile No. – ( Mandatory )**

**My E mail Address –**

**Payment Details : DD/ Pune payable cheque No: Bank :**

**Dated :**

**Signature Date :**

stc number ADWPS8910NST001

REGISTRATION CLASS – COMMERCIAL TRAINING AND COACHING

rEGISTRATION nO – CTC / STC / PUNE III / 006 / INSIGHT

Pan No : ADWPS8910N