

Event Registration Form

Please send this form to AIFTP

*by email : info@indiainternationaltaxconference.com, aiftp@vsnl.com or
 Fax : +91-22-22006343*

1. Personal Information

Salutation : Mr Ms Mrs Mdm Dr

Full Name :

Position/Job Title :

Organization :

Office Address :

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Mailing Address :

(If different from office address above)

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Email Address :

Telephone No. :

(Pls include county & area codes)

Fax No. :

(Pls include county & area codes)

**2. Accompanying Person(s)
 Salutation**

: Mr Ms Mrs Mdm Dr

Full Name :

Adult Child (below 12 years)

Note: If there are more than 2 family members accompanying you, please attach their details in a separate sheet.

3. Payment :

To make payments, kindly made crosses cheque/DD/Pay Order in favour of **"All India Federation of Tax Practitioners"**

Payment Details :

Cheque/DD/ Pay Order No. :

Bank Name :

Amount (Rs.) :

Date :

For further information, please contact :

All India Federation of Tax Practitioners

Contact Persons : Mr. Deepak R. Shah, Convenor, AOTCA (📞 +91-9820148536)

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