



#ficciframes19

# FRAMES 2019

12-14 March'19 - Mumbai

**Registration form**

Attach Business Cards

1. Name of delegate(s)  
 Mr                       Mrs                       Ms                       Dr                       Other

a. Name : .....  
 Designation : .....  
 Mr                       Mrs                       Ms                       Dr                       Other

b. Name : .....  
 Designation : .....  
 Mr                       Mrs                       Ms                       Dr                       Other

c. Name : .....  
 Designation : .....  
 Mr                       Mrs                       Ms                       Dr                       Other

d. Name : .....  
 Designation : .....

2. Organisation : .....

3. GSTN No.....

4. Mailing Address : .....  
 ..... Pincode : .....

5. Telephone (s) : ..... Mobile : .....  
 (With Country and STD code)

6. Fax : .....  
 (With Country and STD code)

7. E-mail : .....

8. Website : .....

9. Business Internet : Please Tick  
 Animation                       Film                       VFX                       TV                       Gaming  
 Mobile                       Radio                       Others please specify

The delegate fee to be payable by Cheque/ DD drawn in favour of FICCI, payable at New Delhi  
 Cheque/DD for Rs ..... No .....

Dated ..... Drawn on .....

10. FICCI Membership number .....