

REGISTRATION FORM

AIRPORT SAFETY & SECURITY

Name : _____

Designation : _____

Organisation : _____

Address : _____

Telephone : _____

Email : _____

No. of participants: _____

Types of delegates

Corporate

Academic/R&D/Govt.

Student

Payment details

Amount (in Rs.) : _____

DD/Ch. No. & Date : _____

Name of the Bank : _____

The DD / Ch. should be drawn in favour of “**IIAEM**” payable at Bangalore & to send before **16th Sept 2011**, to:-
Mr. Naveen S

IIAEM (Aerospace), Jain University,

34, 1st Cross, JC Road, (Next to Bangalore Stock Exchange), Bangalore – 560027

Tele+Fax: 080 4343 0146, Ph: 080 2248 4944

Mob: 09341324960, Email: ijaem@jainuniversity.ac.in