

REGISTRATION FORM

AIR TRAFFIC MANAGEMENT

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 **5th March 2012**, to:-

Mr. Naveen S

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MATS Tower, 319, 17th Cross, 25th Main,
J.P. Nagar 6th Phase, Bangalore-560078

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