

**SOUTHERN INDIA REGIONAL COUNCIL OF ICAI****Theme : EMERGING TRENDS IN COSTING AND PRICING****Date : 21st & 22nd December, 2012 Venue: Hotel Marigold, Begumpet, Hyderabad****SOUVENIR****SPACE****ORDER FORM****The Chairman,
Southern India Regional Cost Convention**

Hyderabad Chapter of Cost Accountants

"ICAI Bhavan", 1-2-56/44A, 5th Street Himayatnagar, Hyderabad-500 029.

Please book a * _____ space in Souvenir for the Southern India

Regional Cost Convention scheduled on _____ at _____

A crossed Cheque/DD No. _____ Dated _____ for Rs. _____

Drawn on _____ Bank in favour of **HYDERABAD CHAPTER OF COST ACCOUNTANTS**

Name of the Organisation _____ Signature _____

Nature of Business _____ Name _____

Address _____ Designation _____

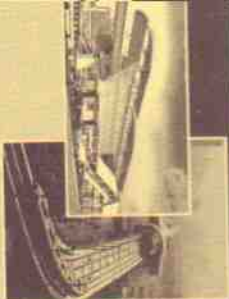
_____ Mobile _____

Telephone No. _____ Fax: _____ E-Mail: _____

***SOUVENIR TARIFF**

Back Cover	75,000	Colour Full Page	30,000
Front Inside	60,000	Ordinary Full Page B & W	10,000
Back inside	50,000	Print Area = 18 cm x 24 cm	





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SPONSORSHIP FORM

**The Chairman,
 Southern India Regional Cost Convention
 Hyderabad Chapter of Cost Accountants
 ICAI Bhavan, 1-2-56/44A, 5th Street Himayatnagar, Hyderabad-500 029.**

We wish to Sponsor _____ in connection with the Southern India

Regional Cost Convention scheduled on _____ at _____

A crossed Cheque/DD No. _____ Dated _____ for Rs. _____

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Nature of Business _____ Name _____

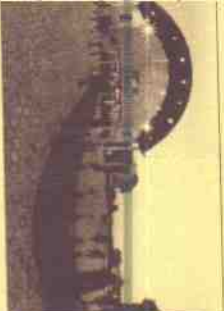
Address _____ Designation _____

Mobile _____

Telephone No. _____ Fax: _____ E-Mail: _____

*RATES OF SPONSORSHIP

Platinum Sponsorship	2,00,000	Lunch(Co-Sponsor)	50,000
Golden Sponsorship	1,50,000	Mementos(Co-Sponsor)	50,000
Silver Sponsorship	1,00,000	Hi Tea (Co-Sponsor)	30,000
Dinner (Co-Sponsor)	75,000	Technical Session	30,000





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DELEGATE REGISTRATION FORM

**The Chairman,
Southern India Regional Cost Convention**

Hyderabad Chapter of Cost Accountants

'ICAI Bhavan', 1-2-56/44A, 5th Street Himayatnagar, Hyderabad-500 029.

A crossed Cheque/DD No. _____ Dated _____ for Rs. _____
 Drawn on _____ Bank in favour of _____ **HYDERABAD CHAPTER OF COST ACCOUNTANTS**

NAME	DESIGNATION	PHONE/EMAIL
1) _____	_____	_____

2) _____	_____	_____
3) _____	_____	_____

Name of the Organisation _____	Signature _____
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Nature of Business _____	Name _____
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Address _____	Designation _____
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Telephone No. _____	Fax: _____	Mobile _____	F-Mail: _____
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DELEGATE FEE

Corporate Delegates/Members	Rs.4,000	Chapter MC Members / Other Members	Rs. 3,000
Practicing Member	Rs. 2,000	Accompanying Spouse	Rs. 2,000
		Student	Rs. 1,500

Note: SIX Hours CEP Credit will be provided to the participating members of ICAI

