

Registration Form

CFO SUMMIT

19TH May, 2014 at Hotel The Ashok, New Delhi

Name_____

CMA Membership No._____

Designation_____

Organisation_____

Address_____

Telephone/Mobile_____

Fax_____ **Email**_____

The Cheque / Demand Draft No._____ dated_____ drawn in
favour of “**The Institute of Cost Accountants of India**” payable at New
Delhi is enclosed.

Kindly e-mail or fax this form at the earliest to:

Mr. T.R. Abrol, Asst. Director

Phone: 91-11-24666100

Fax: 91-11-43583642/24666166

Email: info@icmai.in