

**REGISTRATION FORM FOR INDUSTRY PARTICIPANTS**  
**Short -Course on Supply Chain Management**  
**September 30- October 5, 2007**  
**Venue: Indian Institute of Technology Kanpur**

**Name** \_\_\_\_\_

**Designation** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Pin** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Education Background**

	<b>Degree</b>	<b>Year</b>	<b>Institute</b>
<b>UG</b>			
<b>Graduate</b>			
<b>Any other</b>			

**Work Experience**

<b>Organization</b>	<b>Duration (in years)</b>	<b>Brief Profile</b>

**Demand Draft Details**

**Draft No.** \_\_\_\_\_

**Issuing Bank** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature**