



REGISTRATION FORM

Mr. C.S.Seshadri
Manager, Management Development Center
Prin.L.N.Welingkar Institute of Management & Research (We School)
L.Napoo Marg. Matunga,
Mumbai 400019

email: css.seshadri@welingkar.org
Fax +91-22-24105585
Landline: +91-22-24178300 extension: 105,
Mobile: +91-9819420782

Workshop on

Date: _____

We wish to nominate the following persons:

	<u>Name</u>	<u>Designation</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Company/Organisation name: _____

Contact person: _____

Tel No.: _____

Fax No.: _____ email: _____

The cheque drawn in favour of **“WELINGKAR INSTITUTE OF MANAGEMENT DEVELOPMENT AND RESEARCH”** towards programme participation **has already been mailed to you/being sent separately/enclosed herewith.**

With regards,

Authorised signatory