

## **Delegate Registration form for IconSWM**

**1st International Conference on Solid Waste Management (IconSWM)**  
and Exhibition of Municipal Services, Waste Management, Urban Development and Public Works  
**November 4-6, 2009 in Kolkata**

The following person(s) from our organization would participate in the IconSWM 2009.

Sl	Name of Delegate/s Specify Title Ms/ Mr./Dr./ Prof.) ( IN CAPITAL LETTER)	Designation	Phone : Land & Mobile	Fax	Email id
1					
2					
3					
4					
5					
6					

Name of Organization.....

Address .....

City.....State.....

Country.....Postal Code .....

Telephone with country code, city code .....

Fax.....Company Email.....

Name of Authorized Signatory .....

Designation.....Phone Nos. ....

An amount of Rs. ....( Rupees.....)

.....)

by bank draft no. .... dated .....with.....

..... bank is being sent herewith.

Seal of organization

date

Signature of Authorized Signatory

Spot registration and collection of badges and other conference material will commence from 8:45 am on November 04, 2009 at the venue.

In case of Student delegate, the registration has to be recommended by the Head of the Department / Institution.

Details of Registration fees are available in the brochure and the website : [www.iconswm.com](http://www.iconswm.com)

**Registration form**  
**For participation in the competition for "Award of Excellence in SWM"**  
**FOR participation in the "Soap Box Oratory"**

**1st International Conference on Solid Waste Management (IconSWM)**  
and Exhibition of Municipal Services, Waste Management, Urban Development and Public Works  
**November 4-6, 2009 in Kolkata**

Name of ULB / Organisation .....

Address .....

.....

City..... State..... Postal Code.....

Fax..... Email.....

Website : www.....

**Contact person** : Name..... Designation.....

Mobile number.....email .....

**For "Award of Excellence in SWM"**

We are interested in participating in the competition for "Award of Excellence in SWM" in ULBs. Followings are required information furnished. We have received the questionnaire for the same.

Name of the Mayor / Chairman / EO / Secretary .....

Name of Authorized Signatory .....

Designation.....Phone Nos. ....

An amount of Rs. 10,000/- (Rupees ten thousand only) is being sent by demand draft no.

.....dated .....with .....bank for the registration for participation in the Award Competition.

We will send the filled in questionnaire booklet within 10 days but before 30<sup>th</sup> August 09. In case our ULB is short listed by IconSWM, we shall extend our cooperation for assessment at our ULB during the dates planned by IconSWM. We shall provide logistics support and accommodation for two assessors in our city. Our team will assist the assessors during their work at our ULB. The decision of selection of Awards by IconSWM will be final.

Date .....Seal

Signature of Authorized Signatory

**For Soap Box Oratory**

The requisite amount as per the brochure is being sent by demand draft no. ....

Date.....with .....bank / paid by credit card. The payment may be made also online by visiting the website: [www.iconswm.com](http://www.iconswm.com). We enclose herewith the details of our multimedia presentation within 10 days. Our preferred dates are Nov 4 / 5 /6. final date assigned by IconSWM will be acceptable by us.

Date .....Seal

Signature of Authorized Signatory

Limited spot registration for soap box oratory will commence from 8:45 am on November 04, 2009 at the venue.