

### REGISTRATION FORM

1. Name: Mrs/Ms/Mr/

First Name

Last name

2. Date of Birth: (dd/mm/yy)

3. Occupation:

4. Designation:

5. Organisation / School:

6. Address:

7. Telephone:

8. Mobile:

9. Email Address:

#### Venue:

Kalakshetra Foundation, Kalakshetra Road, Thiruvanmiyur, Chennai, Tamil Nadu 600 041.

#### Date & Time:

23<sup>rd</sup> Sept. Fri, 4 p.m. to 7.30 p.m. | 24<sup>th</sup> Sept. Sat, 9 a.m. to 5 p.m. | 25<sup>th</sup> Sept. Sun, 9 a.m. to 5 p.m.

#### Fee:

**Rs.2,500 | 10% discount for groups of 5+ members**

**(For registrations after 10<sup>th</sup> Sept. 2016, fee will be Rs.3,000)**

International delegates contact office for payment

#### Payment Mode:

DD favouring "IMC-TN A/C Maitri"

Cash payable at 2/1, Habib Complex, 5 Durgabai Deshmukh Road, R.A. Puram, Chennai - 600 028, India.

**Last Date For Registration: 10<sup>th</sup> Sept. 2016**

#### INDIAN MONTESSORI CENTRE

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#### IMC - TN CHAPTER

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