

# Delegate Registration Form

Online  
Registration



Your Opportunity to be a part of India's Growth Story in Polyurethanes

We are delighted for your participation, please fill in the below details for us to reserve your seat.

First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Designation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email id: \_\_\_\_\_

Are you a member of IPUA?

Yes  No  Others, Please Specify \_\_\_\_\_

Please send the above dully filled form to [secretary@ipua.in](mailto:secretary@ipua.in)