

# Registration Form

**Workshop: Six Sigma for Business Excellence**

on

**28<sup>th</sup> December 2004**

at

**Indian School of Business, Hyderabad**

**Organisation :**

**Mailing Address :**

**E-Mail :**

**Phone :**

**Fax :**

## Details of participants attending the Workshop

Sl. No	Name	Designation	Telephone	E-Mail
1				
2				
3				
4				
.				

## Payment Details

*( DD / Cheque to be drawn in favour of  
P Bhimasankaram, Chairman, Local Organizing Committee. Hyderabad)*

**DD/Cheque No. :**

**Date :**

**Bank/Branch :**

**Signature & Date**

Please send your Registration to  
*P Bhimasankaram, Chairman, LOC  
Indian Statistical Institute Street No.8, Habshiguda  
Hyderabad - 500007*