

REGISTRATION FORM

- **School Name & Address** : _____
: _____
- **Principal Name** : _____
- **Contact Number(s)** : (O) _____ (M) _____
- **School Email ID** : _____
- **Accompany Teacher/ Counselor Name** : _____ (M) _____
- **Regional Summit Center** (as per the list) : _____
- **Details of the Participating Students**

S. No.	Name of the Students	Class	Contact No. if any
1.			
2.			
3.			
4.			

Registration Fee: Rs. 20,000 (4 Students + 1 Teacher or School Counselor (maximum 5 delegates).

Payment may please be made by DD in favor of '*Expressions India*' payable at New Delhi, to be sent at the following address alongwith this registration form (by courier/ registered post):

Expressions India
No. 38, Pocket-1, Jasola Vihar
Behind Asia Pacific Inst. of Management
New Delhi – 110025

Details of Demand Draft

DD No. : _____ DD Date : _____
DD Amount : _____ Bank Name : _____

Sd/-
Principal

School Stamp & Date