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**Global Advanced Management Programme 2025**

**‘Expanding Markets by Leveraging Emerging Technologies’**

**14-20 September 2025 I Germany & Switzerland, Europe**

**REGISTRATION FORM**

**All delegates and any accompanying persons are required to complete the registration form in full.**

**Participant Details:**

First Name (as in Passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name (as in Passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname (as in Passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Industry Sector : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PASSPORT ISSUE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PASSPORT EXPIRY DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DO YOU HAVE VALID US VISA:  **YES  NO**

***Note: Please enclose a copy of your passport (front & last pages) and copy of Valid US Visa (if already have)***

**PARTICIPATION FEE**

**Delegate Fee per participant:** INR equivalent of USD 14000 per participant plus taxes

**Inaugural Discount:** USD1000 per participant for registrations received before 30th June 2025

**Early Bird Discount:** USD 500 per participant for registrations received before 31th July 2025

**GST:** 18% GST as applicable on the date of fee payment will be charged on the participation fee

**AIMA GSTIN No. 07AAATA1644A1ZH AIMA PAN no.: AAATA1644 A**

**For online registration, please visit** [**www.aima.in**](http://www.aima.in)

**PAYMENT OPTIONS: Please indicate your payment method**

**Bank Transfer:** Indian Overseas Bank, 20, Institutional Area, Lodhi Road, New Delhi –110003, India

**A/c No :** 149801000029792 **Account Name :** All India Management Association **Branch Name :** Lok Kala Manch

**IFSC Code:** IOBA 0001498 **Swift Code No.** IOBAINBB001 **MICR No. :** 110020046

**Cheque / Demand Draft: I enclose a cheque/DD for INR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ payable to All India Management Association, New Delhi**

**NOMINATING AUTHORITY**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Designation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR REGISTRATIONS & FOR MORE DETAILS PLEASE CONTACT**

**Mr Mansoor Hassan** Mailing Address  
Assistant Director, AIMA **All India Management Association**

M: +91 – 9540060166 Management House  
P: +91 – 11-43128511 14, Institutional Area, Lodhi Road

E: [mhassan@aima.in](mailto:mhassan@aima.in) New Delhi – 110003. India

**TERMS AND CONDITIONS**

**Registrations are subject to the following terms and conditions:**

* + - 1. Registrations are confirmed upon receipt of payment.
      2. GST will be charged where applicable.
      3. Bank or any other Charges will be extra on remittances.
      4. The programme is correct at the time of going to print. All India Management Association (AIMA) reserves the right to postpone events or amend the programme if necessary.
      5. This order form constitutes a non-refundable binding contract and firm commitment to AIMA.
      6. Hotel accommodation is made by AIMA from 14 Sep till 20 Sep 2025 on single occupancy.

Delegates arriving earlier or staying after the programme can opt for one of the given below Optional Add on Packages.

**Optional Add on Packages**

**Package 1**: 2 extra nights (One day before and one day after programme dates) stay and 2-way airport transfer in a limousine @ $1200 plus taxes.

**Package 2**: 1 extra night (either One day before or one day after programme dates) stay and 2-way airport transfer in a limousine @ $800 plus taxes.

* + - 1. **The registration fee includes** the course fee, study material, cost of accommodation for 06 nights, company visits as in itinerary, lunches, dinners as per itinerary.
      2. **The registration fee does not include** Airfare, VISA Charges, Airport Taxes, Overseas Medical Insurance, Airport Transfers, Personal Expenses such as Porterage, Telephone Calls, laundry, Soft/hard drinks, use of mini bar etc.

**CANCELLATION POLICY**

Cancellations are not accepted, and the delegate fee is non-refundable, however substitutions are permitted and must be received in writing not later than 30 days before the start of the programme. All delegate fees will need to be paid in advance. Confirmation letter will be issued only after receipt of payment.

I confirm that I have read and agree to the Cancellation Policy and the Terms and Conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature & Stamp**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_