



IAPC 10TH ANNIVERSARY & 9TH INTERNATIONAL MEDIA CONFERENCE 2023

AT

HILTON STAMFORD HOTEL & EXECUTIVE MEETING CENTER

(1 First Stamford Pl, Stamford, CT 06902)

OCTOBER 7, 8, 9, 2023

REGISTRATION FORM

(One Form Per Family)

First Name: _____

Last Name: _____

Gender: Male Female

Organization / IAPC Chapter: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Family Members to Register: 1) _____ (Male/Female)

2) _____ (Male/Female)

3) _____ (Male/Female)

Special Needs: _____

Payment Method: Check by mail # _____ Online

Wire Transfer _____

(Check payable in favor of : INDO AMERICAN PRESS CLUB, Inc.)

Payment Amount: \$499 (Members) \$599 (Non-Members)

Payment Information

- Online payments can be done using www.indoamericanpressclub.com/imc2023
- Bank transferable Check / Money Order shall be in favor of "INDO AMERICAN PRESS CLUB, Inc."
- Deposit the Check in any Chase Bank by endorsing on Back side of Check as "IAPC A/c. 651196037" to Indo American Press Club A/c. # 651196037 (Routing # : 021000021).
- Take a photo or copy of Check and email to gensec@indoamericanpressclub.com or WhatsApp to (210) 237-8475.
- OR Mail the Check together with Registration Form to: IAPC, P O Box 232, East Meadow, NY 11554
- For any clarification, contact C G Daniel at (832) 641-7119

Signature: _____ Date: _____

(Contd...2)



REGISTRATION FORM

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Accommodation and Meals

The Conference Committee will reserve rooms for all registered participants and rooms will be allotted on a first come first serve basis. Full Payment (\$499.00 / \$599.00) must be received by the Committee to register room for the participants. Breakfast, Lunch and Dinner will be provided by Indo American Press Club, Inc. (IAPC). Please inform / check the type of Room that would like to be reserved:

Room Occupancy: Single Double

Sharing with: Family / Friend (If other than Family Member, Name _____)

Contact details in case of any emergency

Name: _____ Phone: _____

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I have read and accept the General Terms and Conditions.

Signature: _____ Date: _____