

FAX REGISTRATION FORM

TrueNet® Certified Integrator Training

To: Training Co-ordinator, ADC KRONE Fax: +91-80-23896104

Yes, I wish to attend the TrueNet® Certified Integrator Training Course:

	Preferred Location	Date	e
	Course Fees (Prices	inclusive of all taxes), tick which	chever applicable:
	Bangalore	Rs 10,000	
	Rest of India	Rs 15,000	
N	ame		
De	esignation		
Co	ompany		
A	ddress		
		City	
Te	elephone		
Fa	ax		
Er	nail		
Additionally	, the following perso	ns will also attend:	
	Name	Designation	Mobile
Payment To	re that payment deta : DD in favor of "KRO		
Payment To: Mandatory	re that payment deta : DD in favor of "KRO Details: (Please fill the	ils are correct:	registration)
Payment To: Mandatory DD No	re that payment deta : DD in favor of "KRO Details: (Please fill the	ils are correct: NE COMMUNICATIONS LTD" ese mandatory details towards	registration)
Payment To: Mandatory DD No Bank Details	re that payment deta : DD in favor of "KRO Details: (Please fill the	ils are correct: DINE COMMUNICATIONS LTD" ese mandatory details towards	registration)

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