

Registration Form

Personal details:

Name : _____

Designation : _____

Company Name : _____

Door/ Plot No. : _____

Street : _____

City : _____ State : _____

Country : _____ Post Code : _____

Telephone : _____

Mobile : _____

Fax : _____

E-mail : _____

Web : _____

Please mark (✓) your industry sector(s)

- | | | |
|--|--|--|
| 01) <input type="checkbox"/> State Road Transport Corporation | 02) <input type="checkbox"/> Public Sector Undertaking
Please specify | 03) <input type="checkbox"/> Manufacturers
Please specify |
| 04) <input type="checkbox"/> OEMs | 05) <input type="checkbox"/> Fleet Owners | 06) <input type="checkbox"/> Defence Establishment
Please specify |
| 07) <input type="checkbox"/> Spare Parts Manufacturers
Please specify | 08) <input type="checkbox"/> Airlines | 09) <input type="checkbox"/> Tour & Travels Operator |
| 10) <input type="checkbox"/> Ministry Officials
Please specify | 11) <input type="checkbox"/> Accessories Manufacturers
Please specify | 12) <input type="checkbox"/> Schools/ Institutions |
| 13) <input type="checkbox"/> Hospitals | 14) <input type="checkbox"/> Metro Rail | 15) <input type="checkbox"/> Municipal Corporation |
| 16) <input type="checkbox"/> Corporate Offices | 17) <input type="checkbox"/> Film Production Houses | 18) <input type="checkbox"/> Financial Institutions |
| 19) <input type="checkbox"/> Pollution Control Board | 20) <input type="checkbox"/> BPO's | 21) <input type="checkbox"/> Media
Please specify |
| 22) <input type="checkbox"/> KPO's | 23) <input type="checkbox"/> Others
Please specify | |

I agree I disagree

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