

Please tick (✓)

Medifest India Medifest South Africa

BUYER'S REGISTRATION FORM

Company's Name : _____

Contact Person : _____ Designation : _____

Address : _____

City : _____ Country : _____ Postcode : _____

Website : _____ E-mail : _____

Telephone No : _____ Fax No : _____

Please indicate if you have any special requirements : _____

Participating through

Agent Direct

In case participating through Agent, name of Agent _____

Product Category: _____

Chamber of Commerce, Association allied with : _____

Represented By : _____

Company's Turnover : _____

Buying Budget : _____

Specific Products Looking from Medifest : _____

Special Requirement (If any) : _____

Do you want to meet Specific Companies / Existing Potential Customers ?

Yes No

Other Requirements:

*Hotel Accommodation required ?

Yes No

*Visa Invitation Letter required ?

Yes No

*Use the prescribed forms for details

Co. Stamp & Auth. Signature

Date...../...../.....