

28th-29th August, 2012

Durban

South Africa

Premier medical & healthcare summit

TM

Medifest

A Vantage Trade Fair

PARTICIPATION BOOKING 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 _____

We are (Please ✓ tick as appropriate)
 MANUFACTURERS EXPORTERS IMPORTERS OTHERS (Specify _____)

We have (Please fill) Products _____ Brands _____

We would like to book

Option-1 Exhibitor Package

Desired number of tables _____ @ _____ worth USD / ZAR _____

Option-2 Sponsorship / Advertisement

(i) _____ worth USD / ZAR _____

(ii) _____ worth USD / ZAR _____

(iii) _____ worth USD / ZAR _____

Total Cost : USD/ZAR _____

Conditions applied :-

1. Free listing in the Medifest Buyer's Guide.
2. Booking as per terms & conditions.
3. Booking is subject to availability of space.
4. Booking is strictly based on first come first serve basis.
5. Sharing of space is strictly prohibited without prior consent of Organizer.
6. Taxes (as applicable) will be charged extra.
7. Minimum fifty percent payment to be made within a week after receiving the Proforma Invoice.
8. Balance payment to be made as per terms of Proforma Invoice.
9. Payment to be made in the name of company issuing Invoice.
10. Bank Account details shall be mentioned on the official Invoice.

EXHIBITOR'S DECLARATION

I/We the undersigned wish to participate in the above exhibition and declare to have read and accepted the rules and regulations given under terms and conditions on the back side. Fax/Mail of the booking contract will be considered as original. Deposits are non - refundable and non-transferable.

Co. Stamp & Auth. Signature

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