

12<sup>th</sup>-13<sup>th</sup>, October 2012

New Delhi

India

Premier medical & healthcare summit

# Medifest<sup>TM</sup>

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 / INR \_\_\_\_\_

Option-2 Sponsorship / Advertisement

(i) \_\_\_\_\_ worth USD / INR \_\_\_\_\_

(ii) \_\_\_\_\_ worth USD / INR \_\_\_\_\_

(iii) \_\_\_\_\_ worth USD / INR \_\_\_\_\_

Total Cost : USD/INR \_\_\_\_\_

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 show website. Fax/Mail of the booking contract will be considered as original. Deposits are non - refundable and non - transferable.

Co. Stamp & Auth. Signature

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