

To Whomsoever It May Concern

Dr. Abhishek Arora
B.D.S. F.A.G.E.
Consultant Dental Surgeon

Subject: Acceptance of invitation for Medifest

Dear Sir,

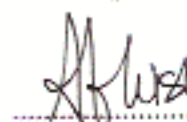
We wish to participate at Medifest, premier medical & healthca
as on December 5-7, 2008 at Pragati Maidan, New Delhi and accept t
Invitee" at the event. We shall be very pleased to join the session.

795, malviya nagar
new delhi - 110017
ph: +91-11-26683170
mobile: +91-9868089291
drabhishek@hotmail.com

I along with my institutional members aspire to be at Medifest along with its concurrent
happening conferences. Please do issue us the pre-registered delegate passes for our visit.

Wish you all the best for the event!

Sincerely,



Sign & Stamp

Dr. Abhishek Arora
B.D.S. F.A.G.E.
Consultant Dental Surgeon

Title..... Dr..... Full Name..... ABHISEHEK ARORA.....

Designation..... DIRECTOR.....

Institution..... DENTAL CARE CENTRE.....

Contact Details..... 7/95, Malviya Nagar ND - 17.....

Phone No. (1)..... 26683170..... (2)..... (3).....

Fax..... Mobile..... 9868089291.....

E-Mail..... Web.....

No. of Beds in institution

Any future expansion plans

Any in-house pharmacy in hospital

If yes, tick mark the relevant option : Private Hospital Owned

To serve you better, kindly handover this filled form either by mail/fax/post or by hand at :
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