

To Whomsoever I

Clinic : 596/07, Krishna Gali No.7, Maujpur Chowk, Maujpur, Delhi
Resi : E87, Marg 20, Saket, New Delhi - 110 017 Ph : 55679556

Subject: Acceptance of invitation for Medifest

Dear Sir,

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

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

Title.....DR.....Full Name.....MANOJ KR. VARMA

Designation.....OWNER

Institution.....Dr. Verma's DENTAL CLINIC

Contact Details.....E87, Marg 20, Saket ND 110017

Phone No. (1).....55679556 (2).....9899220468 (3).....

Fax..... Mobile.....9868988445

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

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