

DR. RENU WALIA
M.B.B.S., M.D. (PATH)

To Whomsoever

SAI DIAGNOSTICS - CEDNA HEALTH CARE
C-222, GREATER KAILASH-I, NEW DELHI - 110 048
TIMINGS : WEEKDAYS 8.00 A.M. - 7.30 P.M.
SUNDAY 8.30 A.M. - 1.00 P.M.

Subject: Acceptance of invitation for Medif

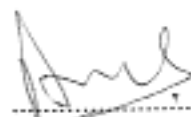
Dear Sir,

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 RENU WALIA
Designation DIRECTOR
Institution SAI DIAGNOSTICS - CEDNA HEALTH CARE
Contact Details C-222 GREATER KAILASH-I, NP-110048
Phone No. (1) 29241909 (2) 29231372 (3) _____
Fax _____ Mobile _____
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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