

*Dr. Akash Sachdeva*  
M.D.S.

Consultant Maxillo Facial Surgeon

Tel : 25102444, 25917607, 9810132223

DD/MM/YYYY

**Handsover It May Concern**

**SUBJECT: ACCEPTANCE OF INVITATION for Medifest**

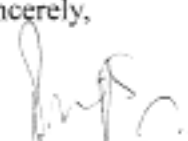
Dear Sir,

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 DA Full Name AKASH SACHDEVA

Designation .....

Institution M. R. N. R. SMILE DESIGN

Contact Details A-16 KIRTI NAGAR NEW DELHI-15

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Fax .....

Mobile 9810132223

E-Mail .....

Web .....

No. of Beds in institution .....

Any future expansion plans .....

Any in-house pharmacy in hospital No

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

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