



Ph.: 011-32639969
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To Whomsoever It May Concern

PARTNER CONSULTANT TO:
Smile Kraft
Multispecialty Dental Clinic

Subject: Acceptance of invitation for Medifest

Dr. Siddhartha R. Pujari M.D.S.
Consultant Endodontist & Cosmetic Dentist
and Senior Lecturer

Dear Sir,

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

Resi. Care Clinic:
A-22/3, 11th Floor, NDSE-I, New Delhi - 110049.
E-mail: siddoc@rediffmail.com

CONSULTATION BY APPOINTMENT ONLY

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. Siddhartha R. Pujari*

Designation: _____

Institution: *Smile Kraft Multispecialty Dental Clinic*

Contact Details: *A 22/3 NDSE-1 Delhi - 49*

Phone No. (1) *82639969*

(2) *46047199*

(3) _____

Fax: _____

Mobile: _____

E-Mail: *ssmilekraft@gmail.com*

Web: _____

No. of Beds in institution _____

Any future expansion plans *Yes*

Any in-house pharmacy in hospital *No*

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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