



Dr. Urvashi Arora  
B.D.S.

## Your Dental Care Centre

### To Whomsoever

**Timings :**

Morning : 10:00 A.M. To 2:00 P.M.  
Evening : 5:00 P.M. To 8:00 P.M.  
(Monday by Appointment)

**Clinic:**

C-126 Dayanand Colony,  
Lajpat Nagar - IV, New Delhi - 24  
Ph. : 26464704  
Mob. 9810135450, 9891714743

**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,

Urvashi

Sign & Stamp

YOUR DENTAL CARE CENTRE  
C-126, Dayanand Colony  
Lajpat Nagar IV,  
NEW DELHI-110024

Title.....DR...... Full Name..... URVASHI ARORA

Designation..... Dentist

Institution..... YOUR DENTAL CARE CENTRE

Contact Details..... 9810135450

C-126 FF Dayanand Colony Lajpat Nagar IV

Phone No. (1) 26464704 (2)..... (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 :  
Vantage Trade Fairs (P) Limited : 23/21A, East Patel Nagar, New Delhi-110008 (India)  
Telefax : +91-011-45050866  
Mail at : info@vantagetradefairs.com