

# PARTICIPATION FORM



International  
**HEALTH EXPO**  
& conferences

**LUDHIANA**  
22-25 August, 2009

**CHANDIGARH**  
05-08 February, 2010

### Exhibitor's Profile

Company's Name			
Contact Person			Designation
Address			
City	Pin	Country	
Country Code	Area Code	Phone	Fax
Mobile No.	E-mail	Website	

### Name as you desire on stall Fascia Board

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Please note that your Company fascia would not increase 26 letters including name of city, for minimum stall size of 4 Sq. Mtrs. Only name of company and city will be displayed.Ltd, Pvt Ltd.will not be displayed

PARTICIPATION CHARGES		UNIT	SERVICE TAX	AMOUNT
<b>Shell Scheme</b>	Indian (Rs. 6000 per sqm)	x ..... sqm	+ .....	= .....
	Foreign ( US\$ 150 per sqm)	x ..... sqm	+ .....	= .....
<b>Raw Space</b> <small>(Inside Hangers)</small>	Indian (Rs. 5500 per sqm)	x ..... sqm	+ .....	= .....
	Foreign ( US\$ 140 per sqm)	x ..... sqm	+ .....	= .....
<b>Open Display Area</b>	Indian (Rs. 5000 per sqm)	x ..... sqm	+ .....	= .....
	Foreign ( US\$ 120 per sqm)	x ..... sqm	+ .....	= .....
<b>Extra Power Load</b>	Indian (Rs. 1200 per kW)	x ..... sqm	+ .....	= .....
	Foreign ( US\$ 30 per kW)	x ..... sqm	+ .....	= .....
<b>Compressed Air</b>	Indian (Rs. 6000 per conn)	x ..... sqm	+ .....	= .....
	Foreign ( US\$ 150 per conn)	x ..... sqm	+ .....	= .....

Please add 10% on 2 sides, 20% on 3 sides and 30 % on 4 side open stall (Subject to the availability) **Grand Total**

### Product/Services Offered

<b>Exhibit Details :</b> Please mention the dimensions for all the heavy machinery Weight .....kg, L = .....m, B = .....m, H = .....m	<b>Requirements (please tick):</b> Crane <input type="checkbox"/> Forklift <input type="checkbox"/> Labour <input type="checkbox"/>
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### Conference Information

We are interested in Conference as : Speaker Delegate

### Payment Details

We wish to solicit our participation in IHEC, ..... We acknowledge that we have read & accepted the Rules & Regulations and by submitting this application, we undertake to comply with the same. We are enclosing Demand Draft No. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_ Bank for Rs. \_\_\_\_\_ in favour of Paramount Exhibitors payable at Chandigarh. *Bank Transfers in US\$ should be made in favour of Paramount Exhibitors A/c no. 30011092102, Swift code **SBININBB141** in the State Bank of India, SSI Branch, Mohali.*

Name \_\_\_\_\_ Signature with Seal: \_\_\_\_\_

Date: \_\_\_\_\_ Place : \_\_\_\_\_ Designation: \_\_\_\_\_

(To be accepted & Confirmed only by Company authorised signatory)

PLEASE MAINTAIN A COPY OF THIS FORM FOR YOUR RECORDS