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

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
Shell Scheme	Indian (Rs. 6000 per sqm)	x ..... sqm	+	= .....
	Foreign (US$ 150 per sqm)	x ..... sqm	+	= .....
Raw Space (Inside Hangers)	Indian (Rs. 5500 per sqm)	x ..... sqm	+	= .....
	Foreign (US$ 140 per sqm)	x ..... sqm	+	= .....
Open Display Area	Indian (Rs. 5000 per sqm)	x ..... sqm	+	= .....
	Foreign (US$ 120 per sqm)	x ..... sqm	+	= .....
Extra Power Load	Indian (Rs. 1200 per kW)	x ..... sqm	+	= .....
	Foreign (US$ 30 per kW)	x ..... sqm	+	= .....
Compressed Air	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

Exhibit Details : Please mention the dimensions for all the heavy machinery
Weight .....kg, L = ...m, B = ...m, H =.....m

Requirements (please tick):
Crane ☐ **Forklift** ☐ **Labour** ☐

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

Mailing Address :
Paramount Exhibitors, C-84, Industrial Area, Phase 7, Mohali (Chandigarh)-160055, India Ph: +91-172-4699301-2, 2274801-2, Fax: +91-172-4699303, 2274803