



INDIAN PHARMA EXPO & BUSINESS EXCELLENCE AWARDS

3rd, 4th & 5th August 2017, Hall No. 7, F, G, H, Pragati Maidan, New Delhi

We apply for participation at Indian Pharma Expo 2017

Company Name:

Address:

City: Pin/Zip: State: Country:

Phone: Fax: Email:

VAT Number: Website:

Contact Person for Exhibition:

Designation: Mobile:

Participation Charges

a. Bare Space (min.12 sq.mts) (INR 12500 per sq.mt) X

b. Shell Scheme stand (min. 9 sq.mts) (INR 13500 per sq mt) X

c. Stall Number:

CIMS Medica will use its best efforts to satisfy the above location preference.

Total Space Amount

Prices do not include applicable Service Tax. The current applicable service tax for this show is [15%] on the participation fees.

PAYMENT TERMS: - All fees and charges are invoiced in full once contract is signed and are due payable by the exhibitors as mentioned in the invoice. The same is Payable in Indian Rupees via cheque in favor of "UBM Medica India Private Limited". CIMS Medica holds the right to reallocate the booths if the payments are not received on or before the below deadlines.

Payment process –

- Booking amount will be 50% of the total stall area
- 50% on or before July 20, 2017

Cancellation terms –

If due to some unforeseen circumstances you need to cancel your booking for Indian Pharma Expo 2017, you should intimate your cancellation in writing to the organizers for which the following Cancellation charges will apply.

- Cancellation done on or before April 01, 2017 will levy 50% of the total stall cost
- Cancellation done on or before May 01, 2017 will levy 100% of the total stall cost

Others Branding Opportunities / Presentations:

We are also interested in: Sponsorship Advertisement in Exhibitor Catalogue Onsite Branding Online Opportunities

Total Amount Payable (space Charges + Mandatory utility services & Insurance Charges+ Service Tax)

Advanced Amount Payable [50% of Total Amount + Mandatory utility services & Insurance Charges+ Services Tax)

Enclosures with Application

1. Indian Rupee payments: by Demand Draft in favor of UBM Medica India Pvt. Ltd.

2. US\$ payments by SWIFT transfer only Correspondent or Intermediary Bank Details:

Bank Name: The Hongkong and Shanghai Banking Corporation Limited

Bank Address: No. 7, Mahatma Gandhi Road, Bangalore-560 001

Account No: 072-118300-002, **IFSC code:** HSBC0560002, **MICR code:** 560039002

PAN No: AACCC4749H

Beneficiary name: UBM MEDICA INDIA PVT LTD

Beneficiary address: UBM MEDICA INDIA PVT LTD

Empire Tower's, No. 53, Railway Parallel Road, Kumara Park, Sheshadripuram, Bangalore-560 020, Karnataka, India.

Board-Line: 080-43464500, Fax: 080-43464529

Payment enclosed: Cheque / Demand Draft No:

For office use only:

Name of sales person:

Position:

Mobile:

Email:

We have read the terms of contract for participation in this exhibition as printed overleaf and agree to abide by the same

Name: **Designation:**

Signature: **Date:**

COMPANY SEAL