

EXHIBITION SPACE CONTRACT

Please return this form to:

Indian Dental Association

Sane Guruji Premises, 1st Floor, Block no. 6,
386, Veer Savarkar Marg,
Opp. Siddhivinayak Mandir, Prabhadevi
Mumbai - 400025, India
Tel : 4343 4545 / 2367 1515
Website : www.wds.org.in
Email : info@wds.org.in

www.wds.org.in

This is an application form (Please tick in a box):

- Booth Space including Shell scheme (Minimum space 9 sqm)
 Booth Space only (Minimum space 36 sqm)

Booth No. -----
(for organizer use only)

100% deposit is due upon signing the contract

Shell Scheme Stand - Corner Booth (\$ 305 per sqm)

Space required ----- (sq m.) x US \$ 305
 Total -----
 (+)15% Service Tax \$ -----
 Final Total: \$ -----

Shell Scheme Stand - Inline Booth (\$ 285 per sqm)

Space required ----- (sq m.) x US \$ 285
 Total -----
 (+)15 % Service Tax \$ -----
 Final Total: \$ -----

100% Payable upon signing the contract

Exhibiting Company: -----

Contact Name: -----
 Designation: -----
 Address: -----
 P.O Box: -----
 City: ----- Country: -----
 Tel: -----
 Mobile: -----
 Fax: -----
 Email: -----
 Website: -----

Note:

10% Discount on Raw Space (Minimum 36 sq.m)

Mode of Payment:

- Credit Card Bank Transfer

For cancellation, please refer to the reverse side rules and regulations

Methods of Payment

1. Visa / Mastercard (Online)
2. Account Name: World Dental Show

State Bank of India

Branch: Opera House Br 01417, Unity House,
M. P. Marg, Mumbai - 400004.

Account No: 30683559116

Account Type: Savings

NEFT Code: SBIN0001417

Swift Code: SBININBB365

Bill To

If Billing Data same as above please tick

Company Name: -----
 Contact Person: -----
 Address: -----
 P.O. Box: -----
 City: ----- Country: -----
 Tel: -----
 Mobile: -----
 Fax: -----
 E-mail: -----

We agree to abide by all provisions, rules & regulations which are part of this contract

Name: -----
 Date: ----- Signature -----

Company Stamp: