



8TH NATIONAL CONFERENCE OF PAEDIATRIC ANAESTHESIA



DATE : JANUARY 28-30 2016
VENUE : Scudder Auditorium, CMC, Vellore

EXHIBITION / ADVERTISEMENT BOOKING FORM

Please note that all acknowledgements of your company and listing of company name and address will be generated from the following information.

Please complete and send to:

Dr. Sajan Philip George, Prof. & Acting Head, Department of Anaesthesia, Christian Medical College,
Vellore- 632 004. Email: iapa8@cmcvellore.ac.in

Applicant Information

CONTACT NAME: _____

COMPANY NAME: _____

ADDRESS: _____
Street Address

City _____ State _____ ZIP Code _____

TELEPHONE: () _____ **FAX:** _____

MOBILE: _____

EMAIL: _____

PAN NUMBER: _____

WE HEREBY APPLY TO BOOK

| Preference (<i>circle choice</i>) | 1 | 2 | 3 | 4 |
|--|--------------------------|----------------------|------------------------|------------------------|
| Category | Platinum ≥Rs.5,00,000 | Gold ≥Rs.3,00,000 | Silver ≥Rs.2,00,000 | Bronze ≥Rs.1,00,000 |
| Conference registration | 3 | 2 | 1 | - |
| Insert in delegate bag (to be provided)* | yes | yes | yes | yes |
| Advertisement in souvenir/CD** | yes | yes | yes | yes |
| Stall at exhibition** | - | yes | yes | yes |
| Company logo on delegate bag | yes | - | - | - |
| Banners at venue | yes | yes | yes | yes |
| Named lecture | yes | - | - | - |
| Named Workstations | yes | yes | - | - |

* The insert should fulfill the educational need

** According to category

PROVISIONAL BOOKING: The booth will be released if not confirmed by payment 50% of the total amount due by 31st October 2015. Full payment must be made by 01st December 2015 otherwise the booth will be released.

CANCELLATION / MODIFICATION POLICY: Cancellation or modification of support items must be made in writing.

- **Before November 30th 2015 :** 25% cancelation fee.
- **After November 30th 2015 :** There will be no refunds

Payment Instruction:

1. A **DD or cheque** may be given in favor of **“Christian Medical College Vellore Association (NCPA 2016)”**
(or)
2. **Direct bank transfer** may be made to
Account Name: Christian Medical College Vellore Association
Reference: IAPA_India 2016 Conference
Account No. : 10404158238
Bank Name & Address: State Bank of India, Vellore Town Branch, No.65/1 & 2 SP Complex,
Vellore-632004, Tamil Nadu, India.

RTGS/NEFT Code: **SBIN0001618**

AGREEMENT and ACCEPTANCE of CONTRACT

We accept the contract terms and conditions as found on the conference website and hard copy provided to us and, agree to abide by the MCI Guidelines for Industry Participation for the Meeting. I am authorized to sign this form on the behalf of the applicant/Company.

Signature

Date: