

The **7th** Grand Edition



HOSPITAL MANAGEMENT CONFERENCE & CIMS HEALTHCARE EXCELLENCE AWARDS



22nd – 23rd July 2017, Mumbai

www.hmcindia.in

We apply for participation at HMC and CIMS Healthcare Excellence Awards 2017

Company Name:

Address:

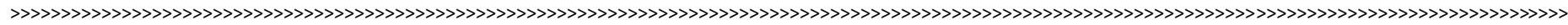
City: Pin/Zip: State: Country

Phone: Fax: Email:

VAT Number: Website:

Contact Person for Conference:

Designation: Mobile:



Participation Charges		Sponsorship Price (INR)	US\$
a. Sponsorship Title	“ _____ ”	_____	_____
b. Speaker Sponsorship	“ _____ ”	_____	_____
c. Shell Scheme stand (min. 9 sq.mts)			

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 favour of “UBM Medica India Private Limited”. UBM Medica holds the right to reallocate the booths if the payments are not received on or before the below deadlines.

Payment process –

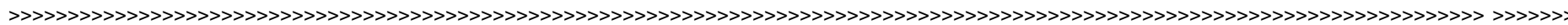
- 50% on the day you sign Contract form
- Balance 50% before 20 June 2017

Cancellation terms –

- Cancellation done prior to June 30, 2017 will levy 50% of the total stall cost
- Cancellation done on or after July 1, 2017 will levy 100% of the total stall cost

Other Branding Opportunities / Presentations:

We are also interested in: Advertisement in Event Directory / Event DVD Onsite Branding Online Opportunities



Enclosures with Application

1. Indian Rupee payments: by Demand Draft in favour 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 **Cheque / Dem and Draft No**:

Beneficiary address: UBM MEDICA INDIA PVT LTD

Empire Tower's, No. 53, Railway Parallel Road, Kumara Park,

Sheshadripuram, Bangalore-560 020,Ka rnataka, India Board-Line: 080-

43464500, Fax: 080-43464529

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Payment enclosed:

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

Name: _____ **Designation:** _____

Signature: _____ **Date:** _____

Name of person to receive future official Conference Information: _____

Position: _____

Tel: _____

Mobile No: _____

Email: _____



Note: Please send the fill up form to: **UBM Medica India Pvt. Ltd.** Boomerang (Kanakia Spaces), Wing-B1, 403 , Chandiwali farm Road, Chandiwali, Powai , Mumbai - 400 072, India. Tel: Board Line – 022 66122600 /Direct – 022 66122653. Email: events@cims.co.in, Mob: +91 9930937020, Website: www.hmcindia.in