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

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

Cheque / Demand Draft No:

Payment enclosed:

Name of person to receive future official Conference Information:

Position:

Tel:

Mobile No:

Email:

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:**

Company Seal

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