



# PHARMALABCHEM EXPO

## SPACE APPLICATION FOR EXHIBITION SPACE

**Exhibition Opted for: AMPTECH PUNE / INDORE / VIZAG/GOA/BADDI**

### Exhibitor

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Mobile 1: \_\_\_\_\_

Country: \_\_\_\_\_ Mobile 2: \_\_\_\_\_

Fax: \_\_\_\_\_ Email 1: \_\_\_\_\_  
Email 2: \_\_\_\_\_

Website: \_\_\_\_\_ GST No. \_\_\_\_\_

### Exhibition coordinator

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Space & stand fitting requirements

Minimum Space Only 18 sqm / Minimum Standard Shell 9 sqm

Booth number: \_\_\_\_\_

Space Type	Cost	Size	Total
Space Only	9500 Psm	× m <sup>2</sup>	
Standard Shell	10000 Psm	× m <sup>2</sup>	
GST	18%		
Total Cost			

- 50% on application of either item above: \_\_\_\_\_
- Balance due 1Month Prior: \_\_\_\_\_

### We plan to exhibit as: (check only)

Manufacturer  Agent  Dealer  Importer  Distributor  Service Company

I have read, understand and agree with the rules and regulations set by the PHARMALABCHEM EXPO team . We agree to pay 50% of the above total cost with this application. We also agree to pay the remaining balance by the 1 Month Prior to Exhibition.

Signed by: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_

**Bank Transfer Details:**

M/S.EXHIVISION MEDIA PRIVATE LIMITED  
 A/C No: 188905000893  
 IFSC Code: ICIC0001889 Branch: THANE - GOKHALE ROAD BRANCH



**Shell Scheme Inclusions: (9 Sq M)**

- Standard Octonorm Booth
- Company Name on Fascia
- 3 Spot Lights
- 2 Chairs, 1 Table
- Wall to Wall Carpeting
- 1 x 15 AMP Power Socket (1 No)
- 1 Trash Bin
- Co Profile on Show Directory

**Space Only Exhibitors will be provided with:**

- Space as requested
- Basic 1 x 15 AMP Electricity
- Company Profile on Show Directory

**Standard Facilities :**

All the Exhibitors would be entitled for the following as per their stall size

EXHIBITION PARTICIPATION CONTRACT WITH STANDARD + ADDED FACILITY (#)  
 EXHIBITION PARTICIPATION CONTRACT WITH STANDARD FACILITY (@)

	#	#	#	#	#	#	#	#@
Area(sqm)	Table	Chairs	Spot Lights	5A Plug Point	Waste Basket	Carpet	Name Fascia	Additional Furniture
9 to 16	1	2	3	1	1	As per Area	Max. 24 Character One side	Available with extra charges
18 to 25	2	4	6	2	1			
27 to 35	3	6	9	3	1			
36 to 36+	4	8	12	4	1			