



REGD. NO. S/20884 OF 1990
An Event by ADITI

EXPODENT

Bengaluru

6th & 7th Oct 2018

SPACE BOOKING FORM

Organizing Committee & secretariat
Expodent Bengaluru - 2018

Association of Dental Industry & Trade of India
C-111, Ground Floor, Lajpat Nagar, Part-II,
New Delhi-110024. PH: +91-11-29810201
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Mobile : +91 9958219356, Bhushan,
+91 9448274585 K Rajendra
www.expodent-india.com

ADITI Member

Non Member

Courier Preferences

Specify Zone :

Foreign Company

• DTDC • First Flight Courier

Company:

Address:

City/State: Pin Code:

Country:

Phone: Mobile :

E-Mail: Website:

Contact Person:

Contact Number: Designation:

Fascia:
(Will be the same as your company's name)

Space taken last year :

GST No: Pan No:
(Compulsory to be filled) (Compulsory to be filled)

No. of Stall(s)/Island(s) required :

Stall(s): Island(s):

Payment : Advance ` . 20,000/- per 9 Sq Mtr to be paid along
with space booking form and balance on or before 15th Aug 2018

Cheque Payable at Delhi in favour of "ASSOCIATION OF DENTAL INDUSTRY & TRADE OF INDIA A/C SOUTH ZONE"

Bank Details : Account No. 916010015760349, Axis Bank, SPS, Rajouri Garden, Delhi-110027, RTGS/NEFT/IFSC : UTIB0000786

DD/Cheque /RTGS/NEFT Dated:

For Rupees

Drawn on

FACILITIES for 9 Sq.Mtr BOOTH

- Wall to wall Carpet
- Two Information Counters
- Two Chairs & One dust bin
- Four Spot Lights
- One Power Point
- Fascia with Name

(ISLAND IS AVAILABLE IN "RAW SPACE" ONLY)

- NOTE :**
- Expodent does not allow sale of any duplicate material or equipment or instrument. Anyone found doing we shall take action.
 - "Casual Taxable Person(CTP)" registration is mandatory for exhibitor not registered in Karnataka, without registration stall possession shall not be handed over.
 - Encroachments of any kind is strictly prohibited, organizers reserve the right to cancel the stall.
 - Exhibitor with Karnataka GSTIN registration must intimate online in GST Website as "Additional Place of Business".
 - Build Height Limit Should not exceed 3.5 mtr.



DECLARATION

I/we do hereby solemnly affirm and declare that the above information is true and correct to the best of my knowledge and nothing has been concealed therefrom. I have read completely, understood the rules & regulations given overleaf and agree to abide by the same.

Company Stamp

Name :

Designation :

Authorised Signatory :

Date :