

## EXHIBITION AND SPONSORSHIP FORM

### COMPANY DETAILS

Company Name:
Address:
City:
State:
Country:
Pin Code:
Contact Person:
Mobile:
Phone (Office):
Fax:
Email:

### IMPORTANT NOTES

<p>* By Demand Draft/ Banker Cheque: In favor of '44th IOC' payable at New Delhi.</p>
<p>* Application of Submission must be accompanied by 30% deposit for provisional booking</p>
<p>* All bank charges must be borne by the company participating/ sponsoring and may not be deducted from the amount remitted.</p>
<p>* Please complete and return the below form to: <b>Conference Secretariat:</b> <b>44th Indian Orthodontic Conference</b> C-56 South Extension Part-II New Delhi- 110049, India Tel: 91-11-26252398, 26255918 Fax: 91-11-26256688 E-Mail: <a href="mailto:info@44thioc.com">info@44thioc.com</a> Website: <a href="http://www.44thioc.com">www.44thioc.com</a></p>

## **SPONSORSHIP OFFERS**

(Please tick & fill the appropriate choice)

<b>3X 2 Standard Shell Scheme</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
1 <sup>st</sup> Preference Booth No. 2 <sup>nd</sup> Preference Booth No.		
<b>3X 3 Standard Shell Scheme</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
1 <sup>st</sup> Preference Booth No. 2 <sup>nd</sup> Preference Booth No.		
<b>Conference Book</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>❖ Full Back Page</li> <li>❖ Inside Front Cover</li> <li>❖ Inside Back Cover</li> <li>❖ Full Page Inside</li> <li>❖ Back Page Inside</li> </ul>		
<b>Conference Bag Insert</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Participant Badges</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Single Scientific Session Sponsorship</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Gold Sponsorship</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Silver Sponsorship</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Bronze Sponsorship</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>



# Widening Horizons

Next is What ?



<b><u>PAYMENT DECLARATION</u></b>
Total payment _____ towards the fees as opted above
Cheque / Draft No:
Bank:
Dated:
Date of Confirmation:
Signature:
Stamp: