

## **HERBAL EXPO-2019**

15-19 October, 2019



## From for sponsorship, registration of Stall and Advertisement

Name and full address of the organisation (in BLOCK Letter)

	Address:				
	Phone: Email: Website:				
	Short name of (for fascia panel at entrance of your stall - please use CAPS for FASIA Print limited up to 25 character max.)				
	Name of the contact person: Designation:				
	Address:				
	Phone No:	Mobile	Email:		
	Category: (please tick the appropriate):				
	Ayurvedic practitioner Cosmetics / manufacturer Neutraceuticals / Manufacturer R & D Institute Herbarium	☐ Private☐ NGO☐ Book F	ne manufacturer e Education institute Publisher Healers		Ayurvedic Hospital Govt Education Institute Equipments / manufacturer Medicinal plant nursery Others related to conference
	Space Requirement and details of payments (Select from the list)				
	Stall Type:Number of stall required:				
	Advertisement in abstract Book (Select from the list)				
	Advertisement Type:Number of Advertisement:				
	Sponsorship (Select from the list)				
	Sponsorship Type:				
	Stall/advertisement/sponsorship Charge: INR/USD:				
	GST 18 %		INR/USD		
	Total:			NR/US	SD
	Payment:				
	Demand Draft NoDated:				
	<ul> <li>Payment should be drawn in favour of 'HERBAL MEET-2019' payable at Bilaspur (CG).</li> <li>Part payment not allowed and will not confirm booking or particular stall allocations</li> <li>No cancellation permitted</li> </ul>				
	Name of Account: Herbal N	Meet-2019	IFSC cod	e: BK	ID0009474

Please <u>book stall</u> and fill details of participants and pay the appropriate amount of Exhibition fee through Bank Transfer (NEFT/ IMPS/ SWIFT) or / Cash deposit in bank to HERBAL MEET-2019 or DD Payment should be drawn in favour of 'HERBAL MEET-2019' payable at Bilaspur (CG).

Name of Bank: Bank of India

Branch: Guru Ghasidas Vishwavidyalaya,

**Account No:** 947410110002462

Type of Account: S/B