

EXHIBIT SPACE RESERVATION FORM

Company Name : _____

National Tax Number (NTN) _____ SNTN : _____

Address : _____

Ph 1: _____ Ph 2: _____ Fax: _____

Web Address : _____ Company Email: _____

Contact Person: _____ Designation: _____

Email: _____ Cell: _____

Products to be exhibited : _____

Head of Organization: _____ Designation: _____

S.No.	Description of Stall/Space/Sponsorship	Size	Rate	Amount
Net Amount :				
S R B:				
Total:				

QUICK FACTS:

- Shell scheme Includes; space plus basic exhibition stand comprising of White Walls, Ceiling Grid, Carpet, (Fascia) Name Board in English, 03 Spotlights, 01 Electrical Socket. Furniture includes 01 Information Counter, 02 Chairs. Additional Furniture can be provided on Rent as per provided Exhibitor Manual Rates.
- For Bare Spaces; only power supply would be provided at common points of the Hall.
- Only approved contractors will be allowed by the organizer for stall fabrication of Bare space.

CONFIRMATION AND PAYMENT TERMS:

- Minimum 50% Advance payment of Booked Amount is mandatory for confirmed allocation of stall.
- 100% Payment has to be cleared before 45 Days of the Event.
- The Booking of stall without payment will be considered as 'Tentative' and stall can be allocated to any other Exhibitor on First Come First Serve Basis.
- Any valid Tax will be applied in addition to the Net Amount.
- All Payments should be made in favor of "BADAR EXPO SOLUTIONS" through cross cheque.
- National Tax Number (NTN) : 3799122-1

Signature of Authorized Person & Seal : _____ Date: _____

Event
Manager

Production
Department

Database
Department

Accounts
Department

HEALTHCARE EXPO SECRETARIAT

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