

## EXHIBITOR CONTRACT FORM

27 - 28 February & 01 March 2025  
BHRIKUTI MANDAP, Kathmandu, Nepal

We wish to participate in NEPAL MEDICAL SHOW 2025 as an Exhibitor. We acknowledge explicitly that we have read and accepted in full the Rules and Regulation of the Exhibition printed overleaf and by submitting this application, we undertake to comply with the same.

Company Name:								
Contact Person:					Mobile No.			
Address:								
City:			State			Pin		
Tel:								
Email:					Website:			

BOOTH NO.	TYPE			AREA		CHARGE	TOTAL INR
	<input type="checkbox"/>	BARE	<input type="checkbox"/>	SHELL	SQM	@ INR	
GST No.						GRAND TOTAL	

ACCOUNT NAME	S D PROMO MEDIA PVT. LTD.	CURRENT A/C NO.	06092560000852
BANK NAME	HDFC BANK	BRANCH NAME	Mukharjee Nagar, Delhi
IFSC CODE	HDFC0000609	SWIFT CODE	HDFCINBBXXX
BANK ADDRESS	A-37-39, Ansal Towers, Commercial Complex, Mukherjee Nagar, Delhi - 110-009, INDIA		

### SCHEDULE OF PAYMENT

- A) 50% Payment at the time of Invoice  
B) Balance Payment before 1 Month of the Exhibition

### IMPORTANT NOTE : PLEASE READ AND SIGN

The Exhibitor Contract Rules and Regulations should be read carefully before signing the Application and Contract for Exhibit Space. Upon signing this Application & Contract for Exhibit Space, the Exhibitor acknowledges that they have read, understood and will abide by the Contract Rules & Regulations.

This application will form a contract between exhibitor & organizer.

Date : \_\_\_\_\_

Place: \_\_\_\_\_

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

Name & Designation: \_\_\_\_\_

Organizers:

**S D PROMO MEDIA PVT. LTD.**

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