

To,
EXPRESS PUBLICATION MADURAI LTD.

AROGYAM HEALTH EXPO -2018

Express Garden,29,Second main road,Ambattur Industrial Estate,
Chennai – 641 058
PH: 044 23457512

STALL BOOKING FORM

Date: 24-SEP-2018

Dear sir/madam,

We hereby forward the application form duly filled in together with a demand draft/cheque for stall charges. We acknowledge explicitly that we have read and accepted in full the rules and regulations of the fair as in the exhibition guidelines and by submitting this application,we undertake to comply with the same.

EXHIBITORS NAME :HEAL & HEALTHY	
Contact Person:	Designation :
ADDRESS: NO 4, 77, East Coast Rd, Sri Kapaleeswarar Nagar, Neelankarai, Chennai, Tamil Nadu 600115	PHONE: 044 2449 2946
	MOBILE:
	E-Mail:
	WEB:

Details:

Stall Size :8X5	Amount in Rs. : 5000 5% Gst Amt : 250 ----- 5250 -----
No. of stalls :	Total Amount in Rs. : FIVE THOUSAND TWO FIFTY ONLY
Stall Number :	Advance in Rs. :
	Balance in Rs. :

We enclose hereby remittance by at par Cheque/D.D/NEFT drawn in favor of “**EXPRESS PUBLICATION [MADURAI] LTD.**” Payable at Chennai. Demand Draft No./Cheque No./NEFT No.....

Dated For Rupees [in words].....

City : CHENNAI

Name :

Date :25-SEP-2018

Designation :

Signature with seal

*Note : Participants are requested to indicate all their requirements at one time to enable the organizers to make arrangements accordingly.