

PEDICON
2010.
Hyderabad



SPONSORSHIP/EXHIBITION APPLICATION FORM

NAME OF THE COMPANY: _____

CONTACT PERSON & DESIGNATION: _____

ADDRESS _____

CITY : _____

PINCODE: _____

STATE : _____

TEL.NO: _____ MOBILE: _____

EMAIL: _____

HYDERABAD CONTACT DETAILS (For Local Coordination)

CONTACT PERSON & DESIGNATION:

ADDRESS

TEL.NO: _____ MOBILE: _____

EMAIL : _____

SPONSOPSHIP REQUIREMENTS:

1. _____
2. _____
3. _____

TOTAL AMOUNT: _____

PAYMENT DETAILS

D.D: _____

BANK DETAILS:

DATE _____

Date: _____

Place: _____

Signature with Company seal