

AGOICON 2019

EXHIBITION / ADVERTISEMENT BOOKING FORM

Please note that all acknowledgements of your company and listing of company name and address will be generated from the following information.

Please complete and send to:

Dr. Abraham Peedicayil, Dept of Gynaecologic Oncology, CMC Hospital, Vellore 632004.

Email: abraham@cmcvellore.ac.in

Applicant Information

COMPANY NAME:

ADDRESS:

City:

State

ZIP Code

TELEPHONE: ()

CONTACT NAME:

MOBILE:

EMAIL:

PAN NUMBER:

WE HEREBY APPLY TO BOOK (Provisional Booking)

~ Full payment must be made by 1st Oct 2019 to confirm booking, else the booth will be released.

Category	BRONZE Rs 50,000	SILVER Rs 3,00,000	GOLD RS 5,00,000	PLATINUM RS 10,00,000
Conference registration	x	1	2	3
Insert in delegate bag (to be provided)	yes	yes	yes	yes
Full page advertisement in souvenir	yes	yes	yes	yes
Stall at exhibition (about 8 x 6 ft)	x	yes	yes	yes
Company logo on auditorium screen	x	x	yes	yes
Banners at venue	x	x	x	yes
Named lecture	x	x	x	yes

Preference (circle choice)

Payment Instruction:

1. A DD or cheque may be given in favour of "Christian Medical College Vellore Association (AGOICON 2019)"

OR

2. Direct bank transfer may be made to

Account Name: Christian Medical College Vellore Association

Reference: AGOICON 2019 Conference

Account No. : 10404158238

Bank Name & Address: State Bank of India,

Vellore Town Branch, No.65/1 & 2 SP Complex, Vellore-632004, Tamil Nadu, India.

RTGS/NEFT Code: SBIN0001618

Signature

Date: