

KidsCentral Expo

Booking Form

Date: _____

Please register your participation for our exhibition as per the following details:

Company Name: _____

Product(s) Category: _____

Address: _____

Correspondence Person's Name: _____

Tel: _____ Mobile : _____

Fax: _____ E-mail: _____

Area Booked: 4 sq. mt 6 sq. mt 8 sq. mt 12sq. mt Others (specify) _____

Booth Choice: _____ Sales Tax No: _____

If you do not have a sales tax no, then additional Rs.1000 will be charged against MVAT

Booth Amount: Rs. _____ Service Tax Amount @12.36% _____

Total Amount Rs. _____

Service tax shall be charged as per the rate applicable from time to time.

Name on Fascia / Stall

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(17 letters maximum in CAPITAL LETTERS)

We enclose herewith Cash / Cheque/Demand Draft No. _____

Dated _____ for Rs. _____

Bank Details _____

towards full payment for booking of booth(s). We have read the Terms & Conditions relating to this exhibition overleaf and

we hereby agree to abide by them. All payments to be made in the name of _____.

Name: _____ Signature: _____

Designation: _____ Co Seal: _____

Notes: _____

_____ Exhibitor Signature

I agree to all the Terms and Conditions