

XXXVII Annual Meeting of Indian Academy of Neurosciences
Department of Anatomy and Physiology
All India Institute of Medical Sciences, New Delhi
November 19 – 21, 2019

APPLICATION FOR EXHIBITION PARTICIPATION AND SPONSORSHIP

Please complete this application form and return at the earliest to Secretariat, IAN 2019, Department of Physiology, AIIMS, New Delhi-110029.

1. Exhibition: We hereby express our desire to take exhibition space at IAN 2019.

We require _____ number of booths, costing Rs. _____

Description of exhibits

Please provide full information on the range of products or services to the exhibited

2. Sponsorship: We hereby express our desire to sponsor the following of IAN 2019.

We would like to sponsor (number of the items) _____

- Nomenclature: _____
- Costing: _____
- Total Cost: _____

DETAILS

Name of Company: _____

Address: _____

Contact Name : _____

Position in Company: _____

Telephone: _____ Fax: _____

Email Address: _____

We have read the General Conditions for Exhibitors, and accept the terms of this Exhibition Contract, undertaking to observe and to be bound by them. The payment due is enclosed.

Date: _____

Signature of Authorized person _____

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The payment of the same can be made at the following bank details:

- Name: IANAIIIMS2019 (Current account)
- Account number: 38424715155
- Bank name: State Bank of India
- Branch name: Ansari Nagar
- IFSC code: SBIN0001536