



58th Annual Conference of Indian Society of Gastroenterology

14th-17th December 2017 | Bhubaneswar



Partnership Form

(Please fill in BLOCK LETTERS)

Name of the Company: _____

Contact Person: _____

Designation: _____

Address for Correspondence: _____

City: _____

State: _____ Pin Code: _____

Tel: (Office) _____ (Residence) _____

Fax: _____ Mobile: _____

Email: _____

Mention the Category that you would like to Sponsor:

Partnership Opportunities

- | | | |
|--------------------------|-------------------------------|-------------------|
| <input type="checkbox"/> | 1. Platinum Partner | 1 Crore |
| <input type="checkbox"/> | 2. Gold Partner | 75 Lacs |
| <input type="checkbox"/> | 3. Silver Partner | 50 Lacs |
| <input type="checkbox"/> | 4. Lunch/Dinner Partner | 30 Lacs / 45 Lacs |
| <input type="checkbox"/> | 5. Conference Kit Partner | 30 Lacs |
| <input type="checkbox"/> | 6. Registration Area Partner | 40 Lacs |
| <input type="checkbox"/> | 7. Faculty Dinner Partnership | 10 Lacs |
| <input type="checkbox"/> | 8. Cloak Room Partner | 15 Lacs |
| <input type="checkbox"/> | 9. Faculty Lounge | 20 Lacs |
| <input type="checkbox"/> | 10. Preview Lounge | 20 Lacs |

Other Partner Options

- | | | |
|--------------------------|---|---------|
| <input type="checkbox"/> | 1. Conference Material Partner | 01 Lac |
| <input type="checkbox"/> | 2. Scientific Hall Partner (Plenary Hall) | 20 Lacs |
| <input type="checkbox"/> | 3. Other Halls | 07 Lacs |
| <input type="checkbox"/> | 4. May I Help You Counter (Registration Area) | 05 Lacs |
| <input type="checkbox"/> | 5. Audio Visual | 30 Lacs |
| <input type="checkbox"/> | 6. Souvenir (2000 copies) | 10 Lacs |
| <input type="checkbox"/> | 7. Kids Zone | 05 Lacs |
| <input type="checkbox"/> | 8. Spouse Program | 05 Lacs |
| <input type="checkbox"/> | 9. CME Program Sessions | 05 Lacs |
| <input type="checkbox"/> | 10. Pocket Program Guide | 05 Lacs |
| <input type="checkbox"/> | 11. Conference Signage | 10 Lacs |

Exhibition Opportunities

- | | | |
|--------------------------|---------------------------------|---------|
| <input type="checkbox"/> | 1. Stall 3m x 3m | 06 Lacs |
| <input type="checkbox"/> | 2. Prime Location Stall 3m x 3m | 08 Lacs |

Advertisement in Souvenir

- | | | |
|--------------------------|--------------------------------------|----------|
| <input type="checkbox"/> | 1. Front / Back cover inside (Color) | 01 Lacs |
| <input type="checkbox"/> | 2. Full Page Advertisement (Color) | 0.7 Lacs |
| <input type="checkbox"/> | 3. Half Page Advertisement (Color) | 0.5 Lacs |

Total	
Service tax as applicable	
Grand Total	
T.D.S.	

Payment Details

We are enclosing Cheque / Demand Draft No. _____ Dated _____ of

Bank _____ for ₹ _____ (In Words) _____

_____. We are deducting ₹ _____ as TDS from the total at _____ % rate.

The Company TIN No _____, and PAN No. _____ and the challan No of the TDS deposited is _____ dated _____ and was deposited on date _____.

Declaration

I certify that I have read all the terms and conditions of the ISGCON 2017 and am willing to accept them.

Declarant's Details

Name: _____ Designation: _____

Mobile No: _____ Email ID: _____



Signature of Declarant

Cancellation Policy

- » 50% of the payment will be refunded if canceled before 30th September 2017
- » Cancellation received after 1st October 2017 would not be entitled for any refund.