

Information of a Person authorized to submit this application on behalf of the above named **INDIVIDUAL / ORGANIZATION** for **BOOTH** and/or **ADVERTISEMENT** booking must provide the following information:

Nationality: FOREIGNER* INDIAN**
 Title: MR. MS. DR. PROF.

Name: _____
 (First or Given Name) (Middle Initial) (Last or Family Name)

Address: _____

City: _____ Zip / Pin: _____ Country: _____

Phone: _____ (+ (Country code) – (Local area code) – Phone number)

Mobile: _____ (+ (Country code) – Mobile phone number)

Official Email ID: _____ Personal E-mail ID: _____

Organization Affiliation: _____ Official Designation: _____

Authorized Person's Signature: _____ Date: ____/____/2008 (MM/DD/2008)

YOUR BOOKING OF EXHIBITION BOOTH:

Please Select Booth Type	Type of Booking	FEE
<input type="checkbox"/> Standard Booth	Early Booking: From Jun. 1 st , 2008 until Aug. 31 st , 2008	US \$ 2000* (Rs. 50000**)
<input type="checkbox"/> Standard Booth	Regular Booking: From Sep. 1 st , 2008 until Nov. 30 th , 2008	US \$ 2500* (Rs. 62500**)
<input type="checkbox"/> Standard Booth	Late Booking #: From Dec. 1 st , 2008 until Dec. 8 th , 2008 [[#] Only if Booth Space is available]	US \$ 3000* (Rs. 75000**)
<input type="checkbox"/> Corner Booth	Available at additional fee of US \$ 200* (Rs. 5000**)	
<input type="checkbox"/> Island Booth	Available at additional fee of US \$ 400* (Rs. 10000**)	

YOUR BOOKING OF PUBLICITY ADVERTISEMENT:

Please Select Advertisement Type	FEE for Standard BLACK & WHITE	Additional FEE for COLOR
<input type="checkbox"/> Inside back cover Full page	US \$ 400* (Rs. 8000 **)	Additional US \$ 400* (Rs. 8000**)
<input type="checkbox"/> Full page	US \$ 300* (Rs. 6000**)	Additional US \$ 300* (Rs. 6000**)
<input type="checkbox"/> Half page	US \$ 200* (Rs. 4000**)	Additional US \$ 200* (Rs. 4000**)
<input type="checkbox"/> Quarter page	US \$ 100* (Rs. 2000**)	Additional US \$ 100* (Rs. 2000**)

All advertisement must be booked latest by **November 1st 2008**

PAYMENT METHOD:

Payments should be made either by the Bank Demand Draft or by the Wire Transfer in favor of "**MRSI-SAMPADA-2008**" payable at **Pune, India** to the:

Conference's Indian Bank: **CANARA BANK**

(Panchawati Pashan Branch. Branch Phone: + (91) – (20) - 2588 6260)

Bank Address: **Madhukunj Co-Op Housing Society, Panchawati, Pashan, Pune-411008 INDIA**

Account Number: **2811SB1947**

SWIFT Code: **CNRBINBBPFD8900033320**

Total Amount Calculated: *US \$ _____ Or **Indian Rs. _____

PAYMENT MADE VIA:

Bank Demand Draft No.: _____ Date: ____/____/2008 (MM/DD/2008)

Kindly write Payee's Name, contact Phone number and the Name of the conference (**SAMPADA-2008, Pune INDIA**) at the back of bank demands draft.

Wire Transfer No.: _____ Date: ____/____/2008 (MM/DD/2008)

Total Amount Paid in US Dollars OR Indian Rupees : _____

Issuing Bank & Branch Name: _____

Branch Location City: _____, Country: _____

Corresponding Indian (Recipient) Bank & Branch Name: _____

Indian Bank Location City: _____, INDIA

Signature: _____ Date: ____/____/2008 (MM/DD/2008)

Exposition Terms & Conditions:

Each Standard 10' x 10' Display Booth Space Unit will be provided with one 3' x 5' Table, two Chairs, one built in Fluorescent Tube Light and two 220-240 volt electrical outlets, one flower plant pot and one single color, pre-printed 8" x 3' long Company Name Banner. For additional equipment available for rent, please inquire after **July 31st, 2008**.

- **Credit Card Payment method is not available.**
- Payments should be made in favor of "**MRSI-SAMPADA-2008**" payable at **Pune, India**.
- * **EXHIBITION BOOTH / ADVAERTISEMENT BOOKING Fee** from the **FOREIGN Individual (including Non-Resident Indian (NRI) as well as Overseas Citizen of India (OCI) and Person of Indian Origin (PIO) card holders)**, and **Corporation, Government Organization, Research Institute and Academic Organization** has to be **paid in full** by the **Bank Demand Draft or Wire Transfer (in US Dollar only)** from their **foreign bank** payable through the bank's local '**Corresponding Bank**' in **India**.
 - **Personal bank cheque in any Foreign Currency will not be accepted.**
- ** **EXHIBITION BOOTH / ADVAERTISEMENT BOOKING Fee** from the **INDIAN (Citizen) Individual (excluding Non-Resident Indian (NRI) as well as Overseas Citizen of India (OCI) and Person of Indian Origin (PIO) card holders)**, and **Corporation, Government Organization, Research Institute and Academic Organization** has to be **paid in full** by the **Bank Demand Draft or Wire Transfer in Indian Rupee only**.
 - **Personal bank cheque in Indian Rupee will not be accepted.**

EXHIBITOR:

- Exhibitor will receive **Two Complimentary Admission Passes** for its representatives **to manage their Booth**.
- Exhibitor will receive **Two Complimentary Passes** for **Gala Dinner Program**.
- Exhibitor will be allowed to attend the symposium as a spectator only.
- Exhibitor will not be allowed to present any Technical paper(s) (Oral and/or Poster presentation).
- Exhibitor will receive a copy of the Symposium Program Book.

ADVERTISER:

- Advertiser will receive **One Complimentary Pass** for **Gala Dinner Program**.
- Advertiser will be allowed to attend the symposium as a spectator only.
- Advertiser will not be allowed to present any Technical paper(s) (Oral and/or Poster presentation).
- Advertiser will receive a copy of the Symposium Program Book.

Cancellation Policy:

EXHIBITOR: Last date of Cancellation of EXHIBITION BOOTH BOOKING for SAMPADA-2008 conference without penalty of 50% of the Fee is October 31st, 2008. Only the 50% of Fee will be refunded for the cancellation made from November 1st, 2008 until November 20th, 2008. No refund will be issued for cancellation made from November 21st, 2008 onward.

ADVERTISER: Last date of Cancellation of PUBLICITY ADVERTISEMENT BOOKING for events with penalty of 50% of the Fee is October 31st, 2008. No refund will be issued for cancellation made from November 1st, 2008 onward.

Liability Disclaimer:

The Organizers of **SAMPADA-2008** shall not be held responsible for personal accidents, illness, losses or damage to private property of registered delegates/organizations. Delegates/Organizations are advised to arrange for their personal insurance for the duration of the conference and personal travel itinerary and tours.

Whilst every attempt will be made to ensure that all aspects of the conference mentioned in this announcement will take place as scheduled, the Organizing Committees reserves the right to make last minute changes or cancellation should the need arise without prior notice.

IMPORTANT NOTE:

Please **Mail/Airmail** fully filled and signed **EXHIBITION BOOTH /ADVERTISEMENT BOOKING FORM**, and **Bank Demand Draft** (if applicable) by the **Registered Mail** (with the Return Receipt requested) from your local Post Office to:

Attn.: Dr. Suresh. W. GOSAVI

The Convener
SAMPADA-2008 Conference
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