

www.NigeriaPharmaExpo.com

Application & License Agreement for Exhibition Participation

A. EXHIBITOR DETAILS:

Name of Company / Organization: _____
 Name of the Chief Executive: _____ Designation: _____
 Name of the Contact Person: _____ Designation: _____
 Address*: _____

 City : _____ Pin / Zip: _____ Country: _____
 Phone: _____ Mobile: _____
 E-mail: _____ Website: _____

* Please note that all correspondence related to GPE EXPO PVT. LTD will be sent to this address only

B. DETAILS OF PARTICIPATION & OTHER CHARGES:

1. Space Details		USD _____ /-	USD _____ /-	Payment Details: Amount: _____ Demand Draft / Cheque No.: _____ Dated: _____ Bankers: _____
<input type="checkbox"/> Raw Space _____ @ USD 325/- per sq. mt. <input type="checkbox"/> Shell Stand _____ @ USD 350/- per sq. mt.				
Preferred Booth No.: ____ / ____ / ____		TOTAL USD _____ /-		
Exhibition Space Requirement: _____ sq. mt.				

C. EXHIBIT DETAILS:

The products or business line of the company which will be put on display at the exhibition through samples or display panels / material

1. _____	2. _____
3. _____	4. _____

D. MODE OF PAYMENT:

The payment towards the exhibition participation has to be made by Demand Draft in favour of **Pharmaceutical Manufacturers Group of Manufacturers Association of Nigeria (PMG-MAN)** payable at Lagos, NIGERIA

PAYMENT SCHEDULE:
 ❖ 40% along with the APPLICATION & LICENSE AGREEMENT
 ❖ 60% latest by July 17, 2017

NOTE: The person signing this document on behalf of the Exhibitor Company expressly represents and assures both other parties, i.e. PMG-MAN and GPE Expo Pvt. Ltd. that he or she is authorized by the Exhibitor Company to execute this Agreement. The person signing document on behalf of the Exhibitor Company assures and acknowledges that he / she and the Exhibitor Company have read, understood and accepted the Terms & Conditions, rules and regulations as set forth on Pages 2 to 3 of this Application & license Agreement annexed herewith and same from an integral part of this Agreement.

NAME: _____	SIGNATURE: _____
DESIGNATION: _____	COMPANY SEAL: _____
PHONE: _____	HAND PHONE: _____ FAX: _____
EMAIL: _____	WEBSITE: _____ DATE: _____

The payment must be submitted along with this dully filled & signed APPLICATION & LICENSE AGREEMENT to Pharmaceutical Manufacturers Group of Manufacturers Association of Nigeria (PMG-MAN) on the following address:

 Pharmaceutical Manufacturers Group of Manufacturers Association of Nigeria (PMG-MAN) MAN CENTER, 5, Eleruwa Str., Off Ajao Road / Adeniyi Jones Ave, Ikeja, Lagos NIGERIA EMAIL: contact@NigeriaPharmaExpo.com	 GPE EXPO PVT. LTD (GPE) GLOBAL, 402 - 403, Abhijyot Square B/h Divya Bhaskar, S. G. Highway AHMEDABAD 380 051 INDIA Tel.: +91.79.4000.8233 / 8253
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FOR EXHIBITION MANAGEMENT USE ONLY

CUSTOMER NO.:	STALL NO. ASSIGNED:
ORDER NO.:	STALL SIZE: _____ Sq. Mt.

ENCL: Terms & Conditions and Rules & Regulations of this Application & License Agreement for Exhibition Participation