

### EXHIBITION SPACE CONTRACT

Please return this form to:

#### Indian Dental Association

Sane Guruji Premises, 1<sup>st</sup> Floor, Block no. 6,  
386, Veer Savarkar Marg,  
Opp. Siddhivinayak Mandir, Prabhadevi  
Mumbai - 400025, India  
Tel : 4343 4545 / 2367 1515  
Website : [www.wds.org.in](http://www.wds.org.in)  
Email : [info@wds.org.in](mailto:info@wds.org.in)

# www.wds.org.in

**This is an application form (Please tick in a box):**

- Booth Space including Shell scheme (Minimum space 9 sqm)  
 Booth Space only (Minimum space 36 sqm)

Booth No. ....  
(for organizer use only)

100% deposit is due upon signing the contract

**Shell Scheme Stand - Corner Booth (\$ 310 per sqm)**

Space required ..... (sq m.) x US \$ 310  
Total .....  
(+)18% GST \$ .....  
Final Total: \$ .....

**Shell Scheme Stand - Inline Booth (\$ 290 per sqm)**

Shell Scheme ..... (sq m.) x US \$ 290  
Space required ..... (sq m.) x US \$ 290

**Shell Scheme Stand - Island Booth (\$ 340 per sqm)**

Shell Scheme ..... (sq m.) x US \$ 340  
Space required ..... (sq m.) x US \$ 340  
Total .....  
(+)18 % GST \$ .....  
Final Total: \$ .....

100% Payable upon signing the contract

**Note:**

10% Discount on Raw Space (Minimum 36 sq.m)

**Mode of Payment:**

- Bank Transfer

**For cancellation, please refer to the reverse side rules and regulations**

**Methods of Payment**

1. Account Name: World Dental Show  
State Bank of India  
Branch: Opera House Br 01417, Unity House,  
M. P. Marg, Mumbai – 400004.

Account No: 30683559116

Account Type: Savings

NEFT Code: SBIN0001417

Swift Code: SBININBB365

**Exhibiting Company:** .....

Contact Name: .....  
Designation: .....  
Address: .....  
P.O Box: .....  
City: ..... Country: .....  
Tel: .....  
Mobile: .....  
Fax: .....  
Email: .....  
Website: .....

**Bill To**

If Billing Data same as above please tick

Company Name: .....  
Contact Person: .....  
Address: .....  
P.O. Box: .....  
City: ..... Country: .....  
Tel: .....  
Mobile: .....  
Fax: .....  
E-mail: .....

**We agree to abide by all provisions, rules & regulations which are part of this contract**

Name: .....  
Date: ..... Signature .....  
Company Stamp: