

Registration Form

15 16 17
February 2019



Name of Company : _____

Contact Person : _____ Designation : _____

Address : _____

City : _____ State : _____

Phone No. : _____ Mobile No. : _____ E-mail : _____

GSTIN NO. : _____

Please reserve following Stall Booking or Sponsorship for our organization :

	Sponsorship / Stall	Sq.mtr x Amount	GST 18 %	Total Amount
Sponsorship				
Stall No. & Size		5000 X Barespace 5500 Mexima Stall		
Final Amount				

Payment Terms : 50% of Amount with booking and rest 50% on or before 30 days.

Payment Details : Payments Favoring : **Twilight Events**

We enclose herewith remittance of Rs. _____ advance against above booking

vide cheque / cash / DD no. : _____ dated : _____ Balance Due Rs.

Payable before one month of the exhibition date.

Signature : _____ Full Name : _____

Designation : _____ Date : _____

Organized By :

twilight Events

Admin Office :
265, Shukan Mall, Opp. CIMS Hospital,
Science City Road, Sola, Ahmedabad-60
(O). 08511119180

For Sponsorship Details Contact:

Shailesh Ladani : 98983 42429
Ramnikbhai Patel : 98258 79697