**REGISTRATION FORM**

**Healthcare & Medical Equipment Exhibition 2024**

06- 08 November, 2024

Venue: InterContinental Dhaka

**Organized by: Triune (Pvt.) Limited**

Bay’s Park Heights (Level 5)

Plot-2, Road-9, Dhanmondi,
Dhaka–1205, Bangladesh

Tel: 02-48110486, 48110495, 48110496

E-mail: info.medexpobd@gmail.com

Web: www.medexpobd.com

**TO BE FILLED IN BY EXHIBITOR**

|  |  |  |
| --- | --- | --- |
| **Exhibitor** |  |  |
|  |  |  |
| 1. | Name of the Organization: |  |  |
|  |
|  | Address:  |  |  |
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|  |  |  |  |
|  |
|  | City: |  | Country: |  | Email: |  |
|  |
|  | Telephone: |  |  |
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| 2. | Contact Person Mr./Mrs./Ms. |  |  |
|  |  |  |
|  | Telephone: |  | E-mail: |  |  |
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| 3. | We hereby confirm: |  | Stalls ………………..…… Pavilion: |  |
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|  |
|  | for our organization. |  |  |
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|  |  |  |  |
| 4.5. | Your Preferred Stall ……………… Pavilion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payment for participation : |  |  |
|  |  |  |
|  | **Registration fees** | **Rate** | **Sum (USD)** |
|  | a) Pavilion (16ft x 16ft) | US $ 6,000.00 |  |
|  | b) General Stall (8ft x 8ft) | US $ 1,500.00 |  |
|  | **VAT 15%** |  |  Total |  |

All payments to be made in favor of **‘Triune (Pvt.) Limited.’** through BRAC BANK PLC., Dhanmondi Branch, Dhaka on Account No. 1547204391933001, Routing Number: 60261205, Swift Code: BRAKBDDH vide Bank Transfer/Bank Draft.

* Full payment in Bank Draft or Bank Receipt confirming your TTR must accompany this form.
* Bank transfer costs are on the part of the sender.
* The above rate is excluding VAT and net payable.

**Cancellation Policy:** Cancellation made in writing to Medexpo-2024 and received before 15, September 2024, 50% of the registration fee will be refunded. No refund will be made for cancellations after this date.

With the Application, we accept all conditions of participation, as stated in the Medexpo-2024 brochure.

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 Place/Date Signature