**Exhibitor Registration Form**

1. **Exhibitors’ Details:**

Contact Person 

Organization 

Designation 

Office Address 



City 

Email 

Website 

Mobile 

Telephone 

Twitter 

1. **How big space do you need for exhibiting ATF 2019 ?**

AC Standard Booth (3X2) meter = 6 sm

(Regular Rate USD 1500 )

Sami Pavilion (6X2) meter = 12 sm

(Regular Rate USD 3000)

 Prime Pavilion (6X6) meter = 36 sm

(Regular Rate USD 9000)

1. **Your preferable booths no. (Layout in the attachment).**



1. **Business Segment you belongs to** (Please tick all that apply)

Multi-Specialty Hospitals

Specialized Hospitals

Medical Tourism Organization

Cosmetic Surgeons & Beauticians

Physiotherapy & Gymnasiums Providers

Medical Equipment & Appliance Sellers

Prosthetic and Orthopedic Appliances

Ayurveda Products & Services

Alternative Medicine & Products

Other (please specify)



1. **Are you interested for Advertising your product/ services in Fair Directory?**

Yes

No

1. **Do you need any local support for exhibiting the event ?**

Accommodation

Transportation

Fair Attendant

Booth Decoration

Printing Promotional

Other Logistics

1. **Payment to:**

Please confirm your reservation with payment by Bank transfer to following details -

|  |
| --- |
| Account Name: PARJATAN BICHITRA  Bank Name: Southeast Bank Limited  Branch: Satmasjid Road Branch, Dhaka-1209, Bangladesh  Account No.: 0011100000598  Swift Code: SEBDBDDH |

**Note:**

|  |
| --- |
| * *Your organization detail will be published in fair Directory.* * *Concern Department will contact you as per interest as above.* * *Activation Team will contact if requires any logistic support for Fair.* * *Your every contribution will be counted, recognized and collaborate the success history of Asian Tourism Fair.* |
| **Return this form to ATF management by email -**   * [amte@asiantourismfair.com](mailto:amte@asiantourismfair.com) * [asianmedicalexpo@gmail.com](mailto:asianmedicalexpo@gmail.com) |