**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 BICHITRABank Name: Southeast Bank LimitedBranch: Satmasjid Road Branch, Dhaka-1209, BangladeshAccount No.: 0011100000598Swift Code: SEBDBDDH |

**Note:**

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| --- |
| * *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
* asianmedicalexpo@gmail.com
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