

DETAILS OF EXHIBITOR	
Name of Company / Organization:	
Name and Designation of CEO/M.D:	
Name and Designation Of Contact Executive:	
Mailing Address:	
Phone:	Fax:
E-mail:	Website:

SPACE DETAILS					
Stand Type		Minimum	Space needed (sqm)	Tariff in EURO/sqm	Total amount (EURO)
Indoor	Shell Scheme	12 sqm		185	
	Space Only	24 sqm		175	
Outdoor		30 sqm		115	
Subtotal:					
VAT: Subtotal *9%					
Total					

By signing this contract, we confirm our participation at **ISFAHANPLAST 2015**. We also accept all Rules and Regulations attached herewith which we have read and understood and also accept those which will be established from time to time, which form part of this contract. We acknowledge that stall charges once paid are not refundable/adjustable in the event of our non-participation/cancellation.

We confirm that all payments due to ISFAHANPLAST 2015, will be paid before the due dates, failing which we are agreeable to pay the extra charge.

We ensure that the construction and display arrangement of our stall will be completed in all respect until the end of November 2, 2015 (Raw Space Only).

Name of authorized signatory:

Designation:.....

Date: