

SPONSORSHIP & EXHIBITION

Booking Form

Name of the Company: _____

Billing Address: _____

City: _____ State: _____ Pin Code: _____

GST Number: _____

Relationship Manager: _____ Designation: _____

Mobile No: Country Code: _____ Number: _____ Fixed Line: _____

E-mail: _____

Preferred Booth Facia Name: _____

PARTNERSHIP CATEGORY

Please mentioned the type of participation in which you are interested (as per the options provided by us in the prospectus)

PLATINUM DIAMOND GOLD REGULAR EXHIBITOR EVENT CONTRIBUTOR

Others: _____

PAYMENT DETAILS

Total participation amount: _____ Amount Paid: _____

Electronic Transfer no.: _____ Date: _____

Bank: _____ Balance payable by: _____

BANK DETAILS

A/c Name : _____ IFSC Code : _____
Account No : _____ Branch : _____

Please share payment details post the transaction and feel free to communicate with event secretariat.

I agree with all terms & condition as mention in the industry prospectus: [Tick the box]

Date: _____

Signature: _____



Conference Secretariat:

HAIRCON 2021
Radiance Cosmedic Centre
S- 329 Greater Kailash 2, M Block Road
Opposite Chandan Market
New Delhi - 110048, India



Conference Manager:

MCI GeTS India Pvt. Ltd.
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366, Sultanpur, New Delhi - 110030, India
Amit Srivastav
Mob: +91 88006 91399
Email: haircon2021@mci-group.com