

CONSENT FORM

Name of Sponsor/Exhibitor _____

Mailing Address _____

City _____

State _____

Country _____

Postal Code _____

Name of Representative _____

Email _____

Telephone _____

Mobile _____

Fax _____

Sponsorship Particulars _____

Date _____

Signature of Representative _____

Company Stamp _____

SYMPOSIUM SECRETARIAT AT JAIPUR

C/o Rathore Associates

B-7, Shubham Tower,

Near Shastri Nagar Police Station,

Shastri Nagar, Jaipur-302001

pharmacon2010@gmail.com

Phone: +91-141-6419471

Cell: +91-9414255548/9351851148

www.pharmanextindia.com

Or

at New Delhi

Pharmanext

J-35, First Floor

Lajpat Nagar-III

New Delhi-110024

pharmanext@gmail.com

Cell: +91-9818455437

Payment by Wire Transfer

SWIFT CODE: ICICINBBCTS

Account Name: PHARMANEXT

Account No: 630005008543,

Bank: ICICI Bank Limited

Address: Defence Colony Branch

B-78, Defence Colony, New Delhi-110024

NOTE: ALL PAYMENT SHOULD BE MADE BY CHEQUE/DD IN FAVOR OF "PHARMANEXT" PAYABLE AT JAIPUR ONLY