

Exhibitors / Sponsorship Form

Amity University UP, Noida, INDIA

Reference ID (To be filled by Organizer):

1. Name and Address of the Exhibitor / Sponsorship:

Name of the contact person: Tel: Fax:E-mail:		We	bsite:
Tel: Fax: E-mail:	. Name of the contact	person:	
	Tel:	Fax:	E-mail:
. Facia Writing (in block letters); maximum 30 characters including space.	5. Facia Writing (in blo	ck letters); maximum 30	characters including space.

4. Company and Products Description to be included in the Conference Brochure: (Please provide a separate write-up).

5. Type of Exhibition / Sponsorship:

S. No.	Type of Exhibition / Sponsorship	Total Amount (Rs.)
	Total Amount	

6. Declaration :

We request the Organizers of ESPGEH 2019 that I would like to sponsor the event in the above stated manner / to book exhibition space in accordance to the above requirement.

Enclosed please fi	nd a bank draft */ cheque number / Online Reference	e No :
dated	Drawn on	(bank)

* All payments should be made in favour of "<u>IWPSD 2013</u>"

Date: _____

Send this form to:

Dr. V. K. Jain, Chairman, ESPGEH 2019, AIARS (M & D), E3 Block, 4th Floor, Amity University, Sector - 125, Noida - 201303, Uttar Pradesh.

Contact us for further Information:

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