



# 58<sup>th</sup> Annual Conference of Indian Society of Gastroenterology

Bhubaneswar



## Partnership Form

(Please fill in BLOCK LETTERS)

Name of the Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Designation: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Tel: (Office) \_\_\_\_\_ (Residence) \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Mention the Category that you would like to Sponsor:

#### Partnership Opportunities

- |                          |                               |                   |
|--------------------------|-------------------------------|-------------------|
| <input type="checkbox"/> | 1. Platinum Partner           | 1 Crore           |
| <input type="checkbox"/> | 2. Gold Partner               | 75 Lacs           |
| <input type="checkbox"/> | 3. Silver Partner             | 50 Lacs           |
| <input type="checkbox"/> | 4. Lunch/Dinner Partner       | 30 Lacs / 45 Lacs |
| <input type="checkbox"/> | 5. Conference Kit Partner     | 30 Lacs           |
| <input type="checkbox"/> | 6. Registration Area Partner  | 40 Lacs           |
| <input type="checkbox"/> | 7. Faculty Dinner Partnership | 10 Lacs           |
| <input type="checkbox"/> | 8. Cloak Room Partner         | 15 Lacs           |
| <input type="checkbox"/> | 9. Faculty Lounge             | 20 Lacs           |
| <input type="checkbox"/> | 10. Preview Lounge            | 20 Lacs           |

#### Other Partner Options

- |                          |   |         |
|--------------------------|---|---------|
| <input type="checkbox"/> | 1. Conference Material Partner                | 01 Lac  |
| <input type="checkbox"/> | 2. Scientific Hall Partner (Plenary Hall)     | 20 Lacs |
| <input type="checkbox"/> | 3. Other Halls                                | 07 Lacs |
| <input type="checkbox"/> | 4. May I Help You Counter (Registration Area) | 05 Lacs |
| <input type="checkbox"/> | 5. Audio Visual                               | 30 Lacs |
| <input type="checkbox"/> | 6. Souvenir (2000 copies)                     | 10 Lacs |
| <input type="checkbox"/> | 7. Kids Zone                                  | 05 Lacs |
| <input type="checkbox"/> | 8. Spouse Program                             | 05 Lacs |
| <input type="checkbox"/> | 9. CME Program Sessions                       | 05 Lacs |
| <input type="checkbox"/> | 10. Pocket Program Guide                      | 05 Lacs |
| <input type="checkbox"/> | 11. Conference Signage                        | 10 Lacs |

#### Exhibition Opportunities

- |                          |                                 |         |
|--------------------------|---------------------------------|---------|
| <input type="checkbox"/> | 1. Stall 3m x 3m                | 06 Lacs |
| <input type="checkbox"/> | 2. Prime Location Stall 3m x 3m | 08 Lacs |

#### Advertisement in Souvenir

- |                          |                                      |          |
|--------------------------|--------------------------------------|----------|
| <input type="checkbox"/> | 1. Front / Back cover inside (Color) | 01 Lacs  |
| <input type="checkbox"/> | 2. Full Page Advertisement (Color)   | 0.7 Lacs |
| <input type="checkbox"/> | 3. Half Page Advertisement (Color)   | 0.5 Lacs |

<b>Total</b>	
<b>Service tax as applicable</b>	
<b>Grand Total</b>	
<b>T.D.S.</b>	

### Payment Details

We are enclosing Cheque / Demand Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ of

Bank \_\_\_\_\_ for ₹ \_\_\_\_\_ (In Words) \_\_\_\_\_

\_\_\_\_\_. We are deducting ₹ \_\_\_\_\_ as TDS from the total at \_\_\_\_\_ % rate.

The Company TIN No \_\_\_\_\_, and PAN No. \_\_\_\_\_ and the challan No of the TDS deposited is \_\_\_\_\_ dated \_\_\_\_\_ and was deposited on date \_\_\_\_\_.

### Declaration

I certify that I have read all the terms and conditions of the ISGCON 2017 and am willing to accept them.

### Declarant's Details

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email ID: \_\_\_\_\_

Signature of Declarant