



ONLINE EXHIBITOR APPLICATION/CONTRACT FORM

ORGANIZATION / INSTITUTION NAME:
 (USE BLOCK CAPITALS)
 FASCIA NAME:
 Education Program / Services:
 ADDRESS:
 CONTACT PERSON: POSITION:
 E-MAIL: TELEPHONE: MOBILE:

Booth Charge <small>(As per Online Booking Record)</small>	GBP	USD	IRs	NRs	Currency _____
<input type="checkbox"/> First 20 Booths	<input type="checkbox"/> 170	<input type="checkbox"/> 220	<input type="checkbox"/> 15,625	<input type="checkbox"/> 25,000	_____
<input type="checkbox"/> 21 st - 50 th Booths	<input type="checkbox"/> 200	<input type="checkbox"/> 260	<input type="checkbox"/> 18,750	<input type="checkbox"/> 30,000	_____
<input type="checkbox"/> 51 st - 100 th Booths	<input type="checkbox"/> 230	<input type="checkbox"/> 300	<input type="checkbox"/> 21,875	<input type="checkbox"/> 35,000	_____
<input type="checkbox"/> 101 st - 200 th Booths	<input type="checkbox"/> 260	<input type="checkbox"/> 340	<input type="checkbox"/> 25,000	<input type="checkbox"/> 40,000	_____
<input type="checkbox"/> 201 st - 450 th Booths	<input type="checkbox"/> 300	<input type="checkbox"/> 400	<input type="checkbox"/> 28,125	<input type="checkbox"/> 45,000	_____
Web Page / Venue Branding	Please refer to the website for various options and charges				_____
On Demand Webinar					
Time Slot (25 Minutes)	GBP 58	USD 80	IRs 5600	NRs 9000 X _____	= _____
				(UNIT)	
Live Streamed Webinar					
Time Slot (25 Minutes)	GBP 116	USD 160	IRs 11200	NRs 18000 X _____	= _____
				(UNIT)	
				Total	_____

DATES & SCHEDULE

Exhibitors Zoom Briefing Session : 4:00 P.M. - 5:00 P.M. NPT (UTC + 5:45) - 1st & 15th of Sep, Oct and Nov, 2020
 Exhibitors Booth Build-up : November 7th - 17th, 2020
 Exhibition Opening Hours : November 18th - 21st, 8:00 AM - 8:00 PM

PAYMENT BY BANK TRANSFER

FOREIGN EXHIBITORS MUST MAKE PAYMENT BY BANK TRANSFER TO RAJKARNICAR INSTITUTE A/C NO. 001200105200789, EVEREST BANK LTD. TEKU, KATHMANDU, SWIFT CODE: EVBLNPKA. YOU MAY MAKE ALL OR 50% OF THE TOTAL PAYMENT AT THE TIME OF APPLICATION AND THE REMAINING 50% OF THE PAYMENT 15 DAYS BEFORE THE OPENING DATE OF THE EXHIBITION.

PAYMENT BY CREDIT CARD

I duly authorize you to charge my credit card NPR
 (in words)
 Name
 Nationality Passport No.
 CREDIT CARDS VISA MASTERCARD NUMBER
 Start Date Expiry Date Security Code
 Signature Date:

THIS APPLICATION/CONTRACT WILL NOT BE CONSIDERED UNLESS THE PAYMENT IS ENCLOSED

I hereby confirm that I have read and accepted the terms and conditions printed overleaf and that I am authorised as proprietor/partner/manager to sign this contract.

Name: Signature:

Date:

Company Stamp