



# 17th Annual Conference of India Chapter of International Hepato Pancreato Biliary Association

24<sup>th</sup> - 26<sup>th</sup> January 2020

Hotel Swosti Premium, Jayadev Vihar, 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       | 10 LACS |
| <input type="checkbox"/> | 2. GOLD PARTNER           | 08 LACS |
| <input type="checkbox"/> | 3. SILVER PARTNER         | 05 LACS |
| <input type="checkbox"/> | 4. Lunch/Dinner Partner   | 10 Lacs |
| <input type="checkbox"/> | 5. Conference Kit Partner | 10 Lacs |

#### Other Partner Options

- |                          |   |         |
|--------------------------|---|---------|
| <input type="checkbox"/> | 1. Gala Dinner                            | 15 Lac  |
| <input type="checkbox"/> | 2. Scientific Hall Partner (Plenary Hall) | 05 Lacs |
| <input type="checkbox"/> | 3. Other Halls (B,C,D,E)                  | 03 Lacs |
| <input type="checkbox"/> | 4. Pocket Program Guide                   | 02 Lacs |
| <input type="checkbox"/> | 5. Conference Signage                     | 02 Lacs |

#### Exhibition Opportunities

- |                          |                                 |         |
|--------------------------|---------------------------------|---------|
| <input type="checkbox"/> | 1. Stall 3m x 3m                | 02 Lacs |
| <input type="checkbox"/> | 2. Prime Location Stall 3m x 3m | 05 Lacs |

Total

Service tax as applicable

### 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 \_\_\_\_\_.

### Bank Details

You can pay by Cheque / Demand Draft drawn in favor of "International Hepato Pancreato Biliary Association Bhubaneswar" payable at Bhubaneswar.

Account Name : International Hepato Pancreato Biliary Association Bhubaneswar

IFS Code : UTIB0000438

Branch Code : 000438

Account Number : 918020067601334

MICR Code : 751211004

GSTIN : 21AABTI6028H1Z0

### Declaration:

I certify that I have read all the terms and conditions of the IHPBA 2020 and am willing to accept them.

### Declarant's Details

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

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

Signature of Declarant

### Cancellation Policy

» 50% of the payment will be refunded if canceled before September 2019. » Cancellation received after September 2019 would not be entitled for any refund.