



# ICHA Convention for Patient Safety

**EXHIBITORS FORM**

27-29, November 2009, Parkland Exotica, Chattarpur Farms, Satbari, New Delhi

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

Organisation/ Institution : \_\_\_\_\_

Address for Communication: \_\_\_\_\_

\_\_\_\_\_

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

E-mail : \_\_\_\_\_

I/We wish to book exhibition stalls as below:

DETAILS	RATES EACH	NO. OF STALLS REQUIRED	TOTAL AMOUNT
Stalls 4mx3m	Rs. 1,25,000		
Stalls 3mx3m	Rs. 1,00,000		

*Preferential location charges 10% extra : See layout on the website*

<b>Exhibition (Rs.)</b>	_____
	_____
<b>Total</b>	=====
<b>(Total in words)</b>	_____

## **80G IT Act exempt receipt for your contribution is available as per your request**

Please find enclosed Cheque /DD :No. \_\_\_\_\_ dated \_\_\_\_\_ in favour of " **Indian Confederation for Healthcare Accreditation**", New Delhi. You can also deposit locally a cheque/ cash in any branch of **Bank of India** to the credit of ICHA (SB a/c no 602510100022364) and furnish the following details:

Transaction ID \_\_\_\_\_ date \_\_\_\_\_ branch \_\_\_\_\_ where deposited.

Date: .....

(Signature )

Place : .....

Official Stamp

\_\_\_\_\_  
Convention Secretariat

**Indian Confederation for Healthcare Accreditation**

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