



# 2<sup>nd</sup> Medical Expo 2019

21 - 23 June 2019

Changlimithang, Thimphu

## Exhibitors Registration Form

Company Name:.....

Address:.....

Mobile:..... Phone:.....

E-mail:..... Website:.....

Contact Person:..... Designation:.....

Local Partner (If any):.....

### Exhibitor Type (Tick One):

Platinum Sponsor    Gold Sponsor    Silver Sponsor    Normal Participant

Facia Writing in BLOCK LETTERS (Name of the Company)  
(Maximum of 35 Characters including word space)

.....

Products / Services details for display:.....

Mode of payment **Bank Draft/Cash/Cheque** (Tick one), Dated .....  
drawn on Bank of Bhutan, Thimphu Branch for Nu./Rs.....

payable to the BCCI Trade Fair & Exhibition, A/C # **100910696**

(Please refer [www.bcci.org.bt](http://www.bcci.org.bt) for detail on transferring Payment)

The Booth shall be allotted on **“First come first basis”** and condition to receipt of the full payment.



.....  
Date

.....  
(Name & Signature)