Exhibition Stall Booking Form

1. Name of the Exhibitor M/s. _____



The Executive Director,
The Soybean Processors Association of India
Scheme No. 53, Malviya Nagar, A.B. Road, Indore-452 008

Sub.: International Soy Conclave 2017

Dear Sir,

I will be pleased to participate as an Exhibitor in the International Soy Conclave 2017 organised by The Soybean Processors Association of India, on 7th and 8th October 2017 at Brilliant Convention Centre, Plot No. 5, Scheme No. 78, Part II, Indore-452 010.

2. Business of Exhibitor	·			
2. Contact Person Mr./Ms	s./Dr			_
Designation:		Address:		
	Pin:		State:	
Tel (0):	Fax:		Mobile:	_
E-mail:			Web site:	
Exhibition Tariff				
Stall Size	Rate)		
3 Meter x 3 Meter	₹ 30,000/- plus taxes as applicable			
Stall inclusions: 1 Table	, 2 Chairs, 1 Plug Point			
Fascia Name				
(Please advise the name t	that you would like on th	e Fascia)		
Enclosed Cheque/DD No.		_ dated	for Rs	drawn in
favour of The Soybean P Thanking you, Yours faithfully,	rocessors Association of	India payable a	t Indore towards Exhibition	Tariff.

Signature (Name and Designation)