

**Company Information (To be filled in block letters)**

Company Name.....

Company Representative 1 ..... Designation .....

Company Representative 2 ..... Designation .....

Address.....

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City..... State / Province .....

Postal Code / Zip Code..... Country .....

Telephone ..... Mobile .....

E-mail 1 .....

E-mail 2 .....

Website .....

**Major Product Category**

<input type="checkbox"/> Hygiene and Sanitary	<input type="checkbox"/> Diagnostic Supplies	<input type="checkbox"/> Disinfectant Supplies
<input type="checkbox"/> Disposables	<input type="checkbox"/> First Aid and Care Products	<input type="checkbox"/> Healthcare & Wellbeing
<input type="checkbox"/> Home Medical Equipment	<input type="checkbox"/> Imaging & Diagnostics	<input type="checkbox"/> IT Systems & Solutions
<input type="checkbox"/> Laboratory Equipment & Supplies	<input type="checkbox"/> Medical Equipment & Devices	<input type="checkbox"/> Testing Instruments & Supplies
<input type="checkbox"/> Smart Medical Products	<input type="checkbox"/> Surgical Instruments	<input type="checkbox"/> Ayush & Herbal Supplies
<input type="checkbox"/> Certification Bodies	<input type="checkbox"/> Health Tourism	<input type="checkbox"/> Wellness Hotels-Resorts
<input type="checkbox"/> Facility Management	<input type="checkbox"/> Wireless Health & Mobile Health	
<input type="checkbox"/> Personal Protective Equipment (PPE)	<input type="checkbox"/> Hospital Equipment & Furniture	
<input type="checkbox"/> Preventive & Post-Diagnostic Treatment	<input type="checkbox"/> Pharmacy Supplies & Furniture	

**Nature of Business**

Manufacturer / Exporter     Merchant Exporter     Importer     Agent

Testing & Certification     Allied Services     Trade Body     Others.....

**Company Profile (To be filled in block letters)**

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**Product Profile (To be filled in block letters)**

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**Name to be listed on the Virtual Page / Booth**

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**Participation Cost**

<p><b>Special Subsidised Charges:</b> USD 1000 <i>(Inclusive of Taxes)</i></p>	<p><b>Participation cost includes:</b></p> <ul style="list-style-type: none"> <li>• A dedicated Exhibitor Page with Virtual Booth</li> <li>• Upload company brochures, presentations and corporate videos, product video demos, Product Posters, etc.</li> <li>• Pre-fixed B2B Meetings through Zoom</li> <li>• 30 Product Display with Details</li> <li>• Real-time Chat with booth representatives</li> <li>• Exchange Business Cards</li> <li>• Request for a quote just like a real-time exhibition</li> </ul>
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**Bank Details**

<u>Intermediary Bank details as under</u>		<u>Beneficiary Bank details as under</u>	
Bank Name	: Wells Fargo Bank N.A. New York, (Formerly known as Wachovia Bank, N.A.)	Beneficiary Bank Name	: The Cosmos Co-Operative Bank Ltd.
Bank Branch	: 11 Penn Plaza, 4th Floor, New York, N.Y.-10001.	Beneficiary Bank Address	: 36/A, Maru Niketan, D. L. Vaidya Road, Dadar (W)
SWIFT Code	: PNB US 3NNYC	Beneficiary Bank A/c No.	: 0121001013271
Beneficiary Name	: Worldex India Exhibition & Promotion Pvt. Ltd.	Beneficiary Address	: 309, Parvati Industrial Premises, Sun Mill Compound, Mumbai-400013 India
Tel.	: +(91)-(22) 40376700/777	Fax	: +(91)-(22) 24962297

**Important Notes:**

- Participation will be accepted on first-come-first-served basis
- Submit Duly filled application form with 100% Payment before 25 January, 2021
- No refund will be available, if withdrawn for what-ever reason thereafter.
- Branding and Sponsorship opportunities will be shared upon request.
- Upon exhibitor consent, the organiser reserves the right to use company name and logo for promotional activities for Sri Lanka Medical & Equipment Virtual Expo.
- The organiser reserves the right to edit the above information for placing the information in the e-Show Directory.

<p><b>Company Seal / Signature</b></p>	<p><b>Date</b></p>
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