

SPONSORSHIP FORM

Name of the Company: _____

Billing Address: _____

City: _____ State: _____ Pin Code: _____

Relationship Manager: _____ Designation: _____

Mobile No: Country Code: _____ Number: _____ Fixed Line: _____

E-mail: _____

Preferred Display Name: _____

SPONSORSHIP PREFERENCE

Please mention the type of participation in which you are interested (as per the options provided by us in the prospectus)

 PLATINUM **DIAMOND** **GOLD** **SILVER** **REGULAR EXHIBITOR**

Others: _____

PAYMENT DETAILS

Total participation amount: _____ Amount Paid: _____

Electronic Transfer no.: _____ Date: _____

Bank: _____ Balance payable by: _____

BANK DETAILS

A/c Name : Indian Society of Transfusion Medicine

Account No : 40543989836

A/c Name : State Bank of India

Branch : PBB GANESHGURI, 3rd Floor, Shoum Emporia, Bhangagarh, Guwahati Assam - 781005

IFSC Code : SBIN0004134

Please share payment details post the transaction and feel free to communicate with conference secretariat.

 I accept & agree with all terms & condition as mention in the industry prospectus:

Date: _____

Signature: _____