

EXHIBITOR CATALOGUE LISTING FORM

MEDex 2016 Desk

Confederation of Indian Industry, Madurai Zonal Office

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E-MAIL THIS FORM BEFORE 6 October 2018

Instructions:

1) Please send a soft copy of the information furnished from your end
2) Please adhere to word limitations specified, to avoid editing by CII

Name of the Organisation:	Organisation Profile: (In less than 50 words, please be brief)*
Tel:	Individual Company Turnover (In Rs. Crores): Not Applicable
Fax: Mobile:	Not Applicable
E-Mail: Website:	Products Manufactured / Services Offered (In less than 50 Words. Please be brief)*
Contact Person 1:	
Designation:	
Contact Person 2:	Objective for Participation at the Exhibition (In less than 40 words
Designation:	
Main Area of Business:	Products & Services on Display at the Exhibition