

Reverse Buyers Sellers Meet: iAutoConnect 2018: 26 October 2018 : Pune

REPLY FORM: SPONSORSHIP OPPORTUNITIES

Please send your confirmation on Email ID : sapna.vijh@acma.in

Please tick one from the below options:

a) Principal Sponsor for Members : Rs. 2,00,000/-

Principal Sponsor for Non-Members : 2,50,000/-

- Standard exhibition booth (Participation fees)
- One Complimentary delegate
- Running of five minutes corporate movie on loop basis
- Logo on event website, Inaugural Backdrop, Name Badge and Thank you sponsor panel
- Colour Advertisement in Show Directory
- Company to provide profile in CD/ pen drive to be inserted in Buyers' kit (200 nos)

b) Associate Sponsor for Members Rs. 1,00,000/-

Associate Sponsor for Non-Members Rs. 1,25,000/-

- Standard exhibition booth (Participation fees)
- Logo on Name Badge and Thank you Sponsor Panel
- Colour Advertisement in Show Directory

c) Catalogue Advertisement for Members Rs. 30000/- + GST

Catalogue Advertisement for Non-Members Rs. 37500/- + GST

Front Inside / Back Outside / Back Inside each

Please enclose the following:

- Artwork of company Logo
- Company Profile in CD / Pendrive (200 nos)
- Artwork of Advertisement

DEMAND DRAFT / CHEQUE NO. _____ Dated _____ AMOUNT: _____ (NON-REFUNDABLE) TDS: _____ BANK: _____ DATED: _____ IN FAVOUR OF "AUTOMOTIVE COMPONENT MANUFACTURERS ASSOCIATION OF INDIA" Ms. Sapna Vijh ACMA-Western Region Office No. C, 10th Floor, Godrej Eternia 'C', B Wing, Old Mumbai – Pune Highway, Wakdewadi, Shivaji Nagar, Pune – 411005	ACMA Bank detail for bank transfer : Bank Account Name : Automotive Component Manufacturers Association of India Account No. : 32690146194 Bank Account Type: Current Bank Name: State Bank of India Bank Address: Shivaji Nagar, Pune MICR Code: 411002016 IFSC Code: SBIN0007339 UTRNO. _____ DATE: _____ AMOUNT: _____ TDS _____
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Coordinator's Name*: _____ Designation*: _____

Organisation*: _____

Invoice Address*: _____

GST Number as per Invoice Address* _____

Tel. No*: _____ Fax No: _____

Mobile No*: _____ E-Mail id*: _____

Signature: _____ Date: _____