

FORM 3
EXHIBITOR BADGES / PASSES
Exhibitors must complete and return this by 15th November 2017.

Exhibitor Name : _____ **Hall** _____ **Stall** _____

Please use this form to order the number of badges required for personnel manning the exhibition stand. These may be collected from the organisers' office on arrival at the exhibition venue. Exhibitors will be required to wear the official exhibitor badges inside the venue at all times during the exhibition / stand construction & dismantling periods.

1. Designation
2. Designation
3. Designation

NOTE: Please write the names in capital letters with designations. In case of insufficient space, kindly type this information in a separate sheet and attach to the form.

Exhibitors' passes are for staff manning the Exhibition booths. Only contracted companies are eligible to apply for these badges. Exhibitors moving in and out of the exhibition site will be identified by such passes only and for security reasons, No persons, will be allowed into the exhibition halls without the appropriate passes.

To,
K AND D COMMUNICATION LIMITED
3rd Floor, Kailash-A, Sumangalam Society,
Above HDFC Bank, Drive-In Cinema Road,
Bodakdev, Ahmedabad – 380054, Gujarat, INDIA
Telephone: +91-79-40048594, 40305602
E-mail.: admin@kdclglobal.com, chief.admin@kdclglobal.com | URL.: www.kdclglobal.com

**FORM 4
POSSESSION OF STAND**

Exhibitors must complete and submit at the time of possession

We have completed full payment of our participation costs, the last installment having been paid vide your

Receipt No. _____ dated _____, Please hand over possession of our stand to the

Following person authorized by us:

Name: _____ Designation: _____

Company: _____

The Following are the authorized contractor for stand design/ decoration:

Name of the Contractor: _____

Tel.: _____ Fax: _____

Contact Person: _____ Designation: _____

We hereby confirm that we shall be responsible for the conduct of all persons engaged by us or our contractors for erection/ decoration of our stand in conformity with the organisers' Rules & Regulation and we agree to compensate the organisers or their official Shell Scheme contractors for any damage or loss of goods supplied to us and for damage to hall floor, walls and other installations.

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**FORM 5
ELECTRICITY POWER CONNECTION**
Exhibitors must complete and return this by 15th November, 2017.

Exhibitor Name : _____ **Hall No.:** ____ **Stall No.:** ____

(1hp @ Rs. 3000/-) (Foreign US \$ 100 per hp)

Power required (HP)	Amount (INR)
GST 18%	
Total	

Single Phase: 230 Volts +_ 10%
 3 Phase neutral: 400 Volts +_ 10%
 Frequency: 50 CPS +_ 3%

**Form 6
COMPRESSED AIR**
Exhibitors must complete and return this by 15th November, 2017.

Please provide us with compressed air connection at our booth with following specifications:

- > Rs. 12,500/- per Connection, of 3CFM with 100 psi Foreign US \$ 300 per Connection
 - > Rs. 16,500/- per Connection, of 6CFM with 100 psi Foreign US \$ 400 per Connection
 - > Rs. 20,500/- per Connection, of 10CFM with 100 psi Foreign US \$ 500 per Connection
- + GST 18 %

No. of Connection:

Volume:

Pressure:

Send this form to:

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EXHIBITOR NAME _____
HALL NO. _____ STALL NO. _____

FORM 8

TEMPORARY STAFF REQUIREMENT

Exhibitors must complete and return this by 15th November, 2017.

Temporary manpower service is available for exhibitors. For your requirements, please complete and return this form to below mentioned address.

Date	06	07	08	09	10	Total Hostess required	Rate per day per hostess	Amount	
No. of Hostess / Host						X	Rs. 2500 / \$ 65		
								GST 18%	
								Net Payable	

IMPORTANT:

The Hostess/ Public Relations must not be entrusted with handling of cash or valuables. Exhibitors will be responsible for Hostess/ Public Relations whilst in their stands and the show organisers will not be responsible for any loss or damage caused by such personnel.

FORM 9

SECURITY GUARDS

Exhibitors must complete and return this by 15th November, 2017.

Security Guards are available for exhibitors. For your requirements, please complete and return this form to below mentioned address.

Time (shift)	Date:-	03	04	05						No. of Shift	Total No. of Shift	Amount per day per shift (12hrs)	Amount
8:00 A.M. TO 8:00 P.M.	Day Shift												
8:00 P.M. TO 8:00 A.M.	Night Shift											X Rs. 2500 / \$ 65	
												GST 18%	
												Net Payable	

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EXHIBITOR NAME _____
HALL NO. _____ STALL NO. _____

FORM 10 **POTTED PLANTS**
Exhibitors must complete and return this by 15th November, 2017.

Please provide us the following service for our stall:

POTTED PLANTS (Selection of variety at site)	
Nos. Palm _____ X 5 days = _____ X @ Rs. 250/- each (per day) = _____	
Nos. assorted (Large) _____ X 5 days = _____ X @ Rs. 150/- each (per day) = _____	
Nos. assorted (Small) _____ X 5 days = _____ X @ Rs. 125/- each (per day) = _____	
Total	<input type="text"/>
GST 18%	<input type="text"/>
Net Payable	<input type="text"/>

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