

# 5<sup>th</sup> PAK HEALTH EXPO 2022

## BOOKING FORM

DATE: /10/2022

### CUSTOMER INFORMATION

Name \_\_\_\_\_

Designation

CEO

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

No. of Booths

Required

1

Meter 9 m

### BOOKING & PAYMENT DETAILS (Office Use Only)

Booth Number & Hall Number

H- 2 BOOTH NO.31-32-47 TO 57

Total Amount

**1000 \$**

Amount In Words

**THOUSAND DOLLOR**

Payment Detail

Cash in advance

PAYMENT in Favor of **Pak Health Expo**

Receiver Stamp/Signature

\_\_\_\_\_  
Customer Signature

