



Indus Media Unternehmergeellschaft (haftungsbeschränkt)
Reichsstraße 88, 14052 Berlin, Germany
Tel: + 49 30 51301410
e-mail: info@indus-media.com, www.indus-media.com

Delegate registration for “**SWM Business Delegation to IFAT India**” - 15 – 18 October,
2018

Registration form for participating delegates:

| | |
|--------------------------------|--|
| Company Name: | |
| Company Address: | |
| Delegate Name: | |
| Function: | |
| Department: | |
| Telephone: | |
| Mobile: | |
| E-mail: | |
| Company Profile: | |
| Company Offers: | |
| Company Request: | |
| Other information / Remarks | |



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Participating fees: Besides the costs for flight, hotel accommodation, visa, catering and logistics in India, a participation fee of **500 Euro (plus taxes)** per participation will be charged. No refund shall be made if the company cancel the trip 4 weeks prior to departure date

Visa

German passport holders are required to apply for the needed travel visa to India. Please contact or visit the website of the Indian Embassy in Germany or the regional Consulate for more information and visa application.(www.indianembassy.de)

Insurance

We request all participants to make sure they organise the needed Insurance (health & travel) for the travel to India.

Further information

- Indus Media UG holds all rights to cancel the delegation if the required number of participants are not reached and in this case no incurred cost will be refunded.
- Indus Media UG (haftungsbeschränkt) bears no responsibility if it is necessary to exchange, cancel, modify or postpone the event due to an unforeseen event. This includes: armed conflict, civil unrest, terrorist threats, natural disasters, political constraints, significant influence on transport and so on.
- I agree to bear the travel expenses and costs of accommodation, food , as well as the registration fee and additional customization required services.
- I agree and accept the above terms and conditions for the business delegation.

Place, Date: _____

Signed for the Client: _____