

ORGANISER



S D PROMO MEDIA PVT LTD



## EXHIBITOR MANUAL



**NOVEMBER 2024**

Bhrikuti Mandap,  
Kathmandu - Nepal

[www.khanaexpo.com](http://www.khanaexpo.com)

# EXHIBITOR MANUAL

**Below form must be completed and returned by every Exhibitor Online.**

**FASCIA NAME:** Concerned exhibitors are requested to indicate here below the name, which they require on the fascia. This will be provided on the front fascia of the booth with White standard Cut-out lettering in ENGLISH ALPHABETS. Please use block letters only, Logos may not be allowed on the fascia. If the concerned exhibitor fails to submit this form within the deadline date, the organizer will have no option but to incorporate on the fascia the name of the company on which the stand is contracted.

THE FOLLOWING NAME IS TO APPEAR ON THE FRONT FASCIA OF OUR BOOTH

[illegible]

**SHOW CATALOGUE ENTRY:** Each contracted stand in the exhibition is entitled to a free insertion of not more than 50 words in the Show Directory, describing the company's products/services. Exhibitors are encouraged to use their full 50 words but should not exceed this limit. The Organizers will not be held responsible for any error arising there from.

Complete all sections. Typing is preferred. Use upper and lower cases throughout. The text should not be presented in the form of advertising copy i.e. no paragraph headings, capital letters at random, italics, bold printed, underlining, exclamation marks etc.

<b>NAME OF THE EXHIBITING COMPANY</b> (As it will appear in the Directory):		<b>BOOTH NO.</b>
* This to be listed under the alphabetical order		
<b>ADDRESS:</b>		
<b>TELEPHONE / MOBILE NO.:</b>	<b>EMAIL ID:</b>	<b>WEBSITE:</b>
* Type not more than 50 words to be inserted in the Show Directory (Continue on a separate sheet if space is insufficient):		

**EXHIBITOR'S BADGE:** are to be collected from the Exhibitors Services Centre at the exhibition hall during build-up Days. Please provide below details of all personnel from your company and associated companies who will be manning the exhibition stand.

**Note:** Please provide the below in typewritten form and ensure it is clearly legible.

NAME:	DESIGNATION:	COMPANY NAME:

BOOTH AREA:	9 SQM	12 SQM	15 SQM	18 SQM	21 SQM	21 SQM	27 SQM	30 SQM	36 SQM	39 SQM
BADGES ENTITLEMENT:	2	3	3	4	4	5	5	6	6	7

EXHIBITING COMPANY					
ADDRESS					
CITY		STATE		COUNTRY	
TELEPHONE		FAX NO.		MOBILE NO.	
EMAIL ID					

SIGNATURE

DATED

Please fill and return this form to:

**S D PROMO MEDIA PVT LTD**

B 820, TOWER B, NOIDA ONE IT PARK, SECTOR 62, NOIDA - 201 309, U.P. - INDIA

Telephone: +91 120 2975517 / 18 | Email ID: info@sdpromomedia.com

# ADVERTISEMENT IN SHOW DIRECTORY

## FORM - 3A

**LAST DATE OF SUBMISSION 30-08-2024**

The Show Directory offers exhibitors and non-exhibitors an excellent opportunity to showcase products and services in a visually attractive format which will be available to visitors and thus serve as an important reference guide.

We invite you to place your advertisement in the Exhibition Directory and get your message across to thousands of visitors to this Mega Trade Show.

ADVERTISEMENT POSITION	IN INR:	IN USD:
<input type="checkbox"/> Cover Page Inner Side		
<input type="checkbox"/> Back Cover Page		
<input type="checkbox"/> 1st Page of Guide		
<input type="checkbox"/> 2nd Page of Guide		
<input type="checkbox"/> 3rd Page of Guide		
<input type="checkbox"/> Full Page (Colour)		
<input type="checkbox"/> 4th Page of Guide		
TOTAL		
GST @ 18%		
GRAND TOTAL		

Cost of advertisement will be billed directly to Exhibitors. **FULL PAYMENT MUST BE WITH SUBMISSION OF ARTWORK OR PRINTING WILL NOT BE GUARANTEED.** In the case of non-receipt of payment, the Organizers reserve the right to offer to other exhibitors and / or parties after giving 7 days notice.

**Print Area Format** : Full page (height 180 mm x width 120 mm)

**Bleed Area Format** : Full Page (height 200 mm x width 130 mm)

**Resolution**: Strictly 300 dpi in CYMK and the dimension should as mentioned above

**Format**: Coral (12 Version) / Jpeg / Tiff / PDF.

EXHIBITING COMPANY					
ADDRESS					
CITY		STATE		COUNTRY	
TELEPHONE		FAX NO.		MOBILE NO.	
EMAIL ID					

SIGNATURE

DATED

Please fill and return this form to:

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