



THE 31st INDONESIA INT'L HOSPITAL EXPO - 2018

Please type in **BLOCK LETTERS AND ENGLISH VERSION**. The Organizer will not be held responsible for any errors or omission arise there of.

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|---|---|--|--|---|--|
| NAME OF EXHIBITING COMPANY as it will appear in the directory (list of exhibitor & catalogue) | | BOOTH NO: | | | |
| ADDRESS: | | COUNTRY: | | | |
| TEL : (Country – area – Telephone No) | | FAX: (Country - Area – Telephone No) | | | |
| Email: | DIRECTOR : | CONTACT PERSON & POSITION: | | | |
| Website: | | | | | |
| AGENT/DISTRIBUTORS FROM : (appear on list of exhibitor* & catalogue**) | | | | | |
| THE PRODUCT WHICH WILL BE PROMOTED ARE : (appear on list of exhibitor* & catalogue**) | | | | | |
| BRIEF INTRODUCTION OF PRODUCTS : Type approximately 100 words with font size 10 (appear on catalogue) | | | | | |
| GROUPING OF PRODUCTS : (appear on visitor flyers) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Anesthesia Equipment <input type="checkbox"/> Building Office & Architecture <input type="checkbox"/> Clinical Laboratory Eq. & Reagent <input type="checkbox"/> Consumables <input type="checkbox"/> Dental Apparatus <input type="checkbox"/> Diagnosis Equipment <input type="checkbox"/> Disposable Apparatus <input type="checkbox"/> Emergency Equipment </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Hospital Bed <input type="checkbox"/> Hospital Communication System <input type="checkbox"/> Kitchen Equipment <input type="checkbox"/> Laundry Equipment <input type="checkbox"/> Medical Apparel <input type="checkbox"/> Medical Gas <input type="checkbox"/> Medical Services & Education Training </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Ophthalmic Apparatus <input type="checkbox"/> Patient Central Monitor <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Physiotherapy Apparatus <input type="checkbox"/> Radiology Equipment <input type="checkbox"/> Surgical Apparatus & Eq. <input type="checkbox"/> Waste Water Treatment <input type="checkbox"/> Water Treatment <input type="checkbox"/> Others </td> </tr> </table> | | | <input type="checkbox"/> Anesthesia Equipment <input type="checkbox"/> Building Office & Architecture <input type="checkbox"/> Clinical Laboratory Eq. & Reagent <input type="checkbox"/> Consumables <input type="checkbox"/> Dental Apparatus <input type="checkbox"/> Diagnosis Equipment <input type="checkbox"/> Disposable Apparatus <input type="checkbox"/> Emergency Equipment | <input type="checkbox"/> Hospital Bed <input type="checkbox"/> Hospital Communication System <input type="checkbox"/> Kitchen Equipment <input type="checkbox"/> Laundry Equipment <input type="checkbox"/> Medical Apparel <input type="checkbox"/> Medical Gas <input type="checkbox"/> Medical Services & Education Training | <input type="checkbox"/> Ophthalmic Apparatus <input type="checkbox"/> Patient Central Monitor <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Physiotherapy Apparatus <input type="checkbox"/> Radiology Equipment <input type="checkbox"/> Surgical Apparatus & Eq. <input type="checkbox"/> Waste Water Treatment <input type="checkbox"/> Water Treatment <input type="checkbox"/> Others |
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| *FREE EXAMINATION : (appear on media campaign) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Fat Body </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Blood Group <input type="checkbox"/> Other Examination : </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Osteoporosis </td> </tr> </table> | | | <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Fat Body | <input type="checkbox"/> Blood Group <input type="checkbox"/> Other Examination : | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Fat Body | <input type="checkbox"/> Blood Group <input type="checkbox"/> Other Examination : | <input type="checkbox"/> Osteoporosis | | | |
| *TOOLS / EQUIPMENT DEMONSTRATION : (appear on media campaign) | | | | | |

Authorized By : To be Signed by the Applicant

Name & Signature

* If received before 30 June 2018

** If received before 1 Sept 2018

Please returns this form to ORGANIZER at hospital.expo@gmail.com
keep & copy for your own record

