



OPTIKA MUMBAI 2025

1-3 February, NESCO, Goregaon East, Mumbai

**THIS FORM IS MANDATORY AND ALL EXHIBITORS HAVE TO SIGN AND UPLOAD THE SAME
NO BOOKINGS WILL BE ACCEPTED WITHOUT THIS FORM**

FOR ALL EXHIBITORS :

1. Please book your booth space as per your requirement. If you reduce space at a later date for whatsoever reason, the difference in amount will not be refunded at any cost.

2. The booth space booked will be allotted to a single company only. No subletting of booth space by the exhibitor is allowed. If any exhibitor is found to be violating this rule, the organiser has the right to cancel the booth on the spot and allot the space as per the organiser's discretion. Also, the amount paid for the booth will be forfeited instantly. No requests will be entertained in this regards.

3. I/We have read the General Rules and Regulations pertaining to the Fair and accept the same without restrictions and reservations and agree to abide by the same.

4. I/We shall pay the entire payment of the booth one month prior to the exhibition, if this is not done, the orgnaizer has the right to withhold the possession of the booth or allot the same to another exhibitor. I/We shall not claim for any refund of advance paid in this case.

5. I/We further declare that I/We indemnify the event organizer/organizer against payment of state or central taxes, penalties, charges, levies, OCTROI, CESS, GST, MUNICIPAL TAXES, IMPORT DUTIES etc. or any other statutory payments which the organiser may be called upon to pay on my/our behalf now or in the near future.

6. I/we further declare that we will only book orders and no cash sale will be done at our booth.

7. To see complete Rules and Regulations kindly visit our website <https://optikamumbai.in/#faq>

BOOTH NO : _____

AREA _____

☐ BARE SPACE ☐ SHELL

CONTACT PERSON _____

COMPANY NAME _____

ADDRESS _____

CITY _____ PIN _____

STATE _____

COUNTRY _____

MOBILE _____

LANDLINE _____

E-MAIL _____

I/we have read the terms and conditions in this form and shall abide by the same.

AUTHORISED SIGNATORY

NAME _____

DESIGNATION _____

COMPANY STAMP

PLACE & DATE