

## BUYER-SELLER MEETINGS APPLICATION FORM (Exhibitor Response Form)

Please return the completed soft copy (electronically) to: [bhushan.kasbekar@mm-india.in](mailto:bhushan.kasbekar@mm-india.in)

Please submit your text (in English only) / please specify if you want us to take the details from the application form submitted earlier.

Company Name:	
Name & Designation:	
Address:	
Tel. no. / Mobile no.:	
E-Mail / Website:	

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Lasers and optoelectronics          | <input type="checkbox"/> Imaging                                  | <input type="checkbox"/> Optical measurement systems           |
| <input type="checkbox"/> Optics                              | <input type="checkbox"/> Illumination and energy                  | <input type="checkbox"/> Optical information and communication |
| <input type="checkbox"/> Manufacturing technology for optics | <input type="checkbox"/> Additive manufacturing / 3D printing     | <input type="checkbox"/> Biophotonics and medical engineering  |
| <input type="checkbox"/> Sensors, test and measurement       | <input type="checkbox"/> Security                                 | <input type="checkbox"/> Others (Please mention below )        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Laser systems for production engineering |  |

What are your main expected visitor target industries for your trade-fair presentation (Example: automotive, electronics, scientific etc):  
(Rank between 1-6, 1- highest and 6 – lowest)

1)	4)
2)	5)
3)	6)

Which are your targeted designations & departments (Example: Research/ purchase, Head from QA/ QC):  
(Rank between 1-6, 1 - highest and 6 – lowest)

1)	4)
2)	5)
3)	6)

Please list up to 10 companies / professionals you would like to connect with onsite during the exhibition  
(Rank between 1-10, 1 - highest and 10 – lowest)

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

Please also mention if you are interested to be dealer / distributor / sales agent and meet manufacturers.

- YES     NO

Date: ..... Legally valid signature: ..... Place: ..... Stamp: .....

**For further details:**