

BUYER-SELLER MEETINGS APPLICATION FORM (Exhibitor Response Form)

Please return the completed soft copy (electronically) to: 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: