IBA CAREER FAIR 2010

Confirmation Form

Name of the Organization: ________________________________________________________

Address: ______________________________________________________________________

Phone No.________________________ Fax No. __________________________

Name of Representative at Booth __________________________________________________

No. of Persons: ____ (Maximum of 4 per booth)

On behalf of the above mentioned organization I confirm and undertake:

• That the above mentioned organization will be participating in the IBA Career Fair 2010.
• That the allocation of space will be provided on first-come first-served basis.
• That the organization is liable to return the utilities in the same condition as provided.
• That IBA will not be responsible for any loss that the organization may suffer due to any unforeseen event(s).
• To abide by all the terms & conditions including cancellation charges.

Name: _______________________________ Designation: _________________________
Email: _______________________________ Mobile No: __________________________
Signature: ____________________________ Date: ____________________________

Stamp of the Organization: