

TRADE VISITORS - **FREE** REGISTRATION

AIR CARGO INDIA 2012
Bombay Exhibition Centre, Goregaon (E), Mumbai

Send The Registration To
MR. MUKUND RAO
E-mail : info@preconfirm.com



EXHIBIT TIMINGS
1 February 2012 :- 10:00hrs to 17:00hrs
2 February 2012 :- 09:00hrs to 17:00hrs
3 February 2012 :- 09:00hrs to 16:00hrs

THE STAT TRADE TIMES
712, Vindhya Comm. Complex,
Sector-11, Central Business District,
New Mumbai - 400 614, INDIA
Tel. (022)27570550 ■ Fax: (022)27526202
Email: aci@stattimes.com

YES, I do wish to register my name as visitor for **AIR CARGO INDIA 2012**

First Name : Last Name : Company : Job Title : Address : Postal/Zip Code : Country : Tel. : Fax : Email : OR ATTACH BUSINESS CARD	Company's core business activity (Please tick one box only) <input type="checkbox"/> Air Cargo Agents <input type="checkbox"/> Airfreight Forwarder <input type="checkbox"/> Cargo Airline <input type="checkbox"/> Ground Handling <input type="checkbox"/> Airlines <input type="checkbox"/> Airport Administration <input type="checkbox"/> Associations <input type="checkbox"/> Aircraft Finance / Leasing <input type="checkbox"/> Aviation Consultants / Lawyers / Analysts <input type="checkbox"/> Governments <input type="checkbox"/> Information Technology <input type="checkbox"/> Manufacturing <input type="checkbox"/> Overhaul & Maintenance / Spare Parts <input type="checkbox"/> Educational Organisations <input type="checkbox"/> Advertising Agencies & Media / PRESS <input type="checkbox"/> Other aviation related industries <input type="checkbox"/> Others please specify.....	Job Title (Please tick one box only) <input type="checkbox"/> Chairman, Owner, Partner, President <input type="checkbox"/> Board Director, Chief Executive, Chief Operating Officer, Chief Financial Officer, Managing Director <input type="checkbox"/> Consular Representative, Embassy, Government Agency, Government Department <input type="checkbox"/> Director, Executive Vice - President, Vice President <input type="checkbox"/> Deputy Vice - President, General Manager, Regional Director <input type="checkbox"/> Controller, Department Head, Manager <input type="checkbox"/> Adviser, Consultant <input type="checkbox"/> Representatives <input type="checkbox"/> Editor/ Journalist/ Sr. Correspondent <input type="checkbox"/> Others, please specify _____ _____ _____
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Please sign here to **GUARANTEE YOUR FREE ENTRY** to the Exhibition Area

Signature :

Date :

Photocopy the form for Multiple Registration