

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: