

India ICT Partnership Program
Application Deadline: January 18, 2008

Acceptance of your application is not confirmed until you have received formal notification from AIIA. AIIA is not bound to accept any application and shall only do so at its sole discretion so as to best facilitate export. This application will become a binding contract only upon AIIA's receipt of your payment.

Please return original by fax to:	Ron Forrester, AIIA on 02 6285 1408
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Event Details

Event: India ICT Partnership program 2007

Location: Mumbai, Bangalore & Delhi India

Closing Date for Application Return: 18 January 2008 **Event Date:** 13 – 22 February 2008

Company Details

Company Name:	ABN:	
Contact Person:	Position:	
Email address:	Mobile:	
Ph:	Fax:	Website:
Postal Address:	State: ***	Postcode: ****

You are: (Tick the appropriate box)

- | | |
|---|---|
| <input type="checkbox"/> A new exporter | <input type="checkbox"/> Presently exporting to this market |
| <input type="checkbox"/> Currently exporting but new to this market | <input type="checkbox"/> Have participated at this event before |

If applicable indicate your overseas representative(s) for this market:

Please provide details of your product/technology:

Please include key competitive advantages, target industry verticals, your objectives for attending this event, experience in doing business in India including existing contacts. Please use additional pages if required and email relevant marketing material (electronic) to r.forrester@aia.com.au

YES we wish to participate

<input type="checkbox"/> Complete package	A\$ 3000
<input type="checkbox"/> Option 1 Mumbai – NASSCOM Forum / Pitching session / Networking functions	A\$ 840
<input type="checkbox"/> Option 2 Bangalore – Pitching session / Networking functions	A\$ 1380
<input type="checkbox"/> Option 3 Delhi– Pitching session / Networking functions	A\$ 780

Payment Authority

Please advise us as to your preferred method of payment.

Please provide your Credit Card details so that work can commence on your assignment. If payment by Credit Card is not your preferred option please select ***I would prefer to be invoiced*** (if this method of payment is selected payments will be due 30 days from the invoice date).

MASTERCARD VISA AMERICAN EXPRESS DINERS I WOULD PREFER TO BE INVOICED

Credit Card Details

Card Number: __/__/__/__ - __/__/__/__ - __/__/__/__ - __/__/__/__

Card Holders Name:

Card Holders Signature

Card Expiry Date:

Authorisation

I declare that this information is true and correct in every particular. I agree to **Payment Terms and participant's Responsibilities** in connection with this mission. I agree to pay the total participation fee as indicated in this agreement. I agree to be bound by AIIA's Service Policy.

Authorised Representative:

Position:

Signature:

Date:

Office use only

Signed delegate for and on behalf of AIIA

Signed:

Print Name

Date:

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