

# EXHIBITOR REQUIREMENTS

Please complete and return this form a minimum of twenty one (21) days prior to [exhibitorrequests@ma.org.au](mailto:exhibitorrequests@ma.org.au)

## EXHIBITOR AND STAND DETAILS

|                |               |      |  |
|----------------|---------------|------|--|
| EVENT NAME     |               |      |  |
| COMPANY NAME   | MOVE IN DATE  | TIME |  |
| CONTACT NAME   | MOVE OUT DATE | TIME |  |
| ADDRESS        |               |      |  |
| EMAIL          | STAND NO.     |      |  |
| ON SITE MOBILE |               |      |  |

## FURNITURE HIRE

- all items subject to availability

I would like to hire furniture  Yes  No

| ITEM                                | COST PER ITEM | QUANTITY | COST | DATE REQUIRED |
|-------------------------------------|---------------|----------|------|---------------|
| Trestle Table (1.8m)                |               |          |      |               |
| White trestle table cloth           |               |          |      |               |
| Black trestle table cloth           |               |          |      |               |
| Banquet chair                       |               |          |      |               |
| Water bubbler (includes one bottle) |               |          |      |               |
| Water bubbler refill (per bottle)   |               |          |      |               |
| TOTAL FURNITURE COST                |               |          |      |               |

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| PAYMENT   |  |                               |                                     |                          |    |
|---|--|-------------------------------|-------------------------------------|--------------------------|----|
| I authorize the RNA to charge the following credit card |  | <input type="checkbox"/>      | Yes                                 | <input type="checkbox"/> | No |
| TOTAL – FURNITURE HIRE                                  |  |                               |                                     |                          |    |
| TOTAL CHARGES TO CREDIT CARD                            |  |                               |                                     |                          |    |
| Credit Card Type  | AMEX<br>(SURCHARGE APPLIES) <input type="checkbox"/> | VISA <input type="checkbox"/> | MASTERCARD <input type="checkbox"/> |                          |    |
| Cardholder Name   |  |                               | Expiry Date                         |                          |    |
| Card Number   |  |                               | CCV                                 |                          |    |
| Signature   |  |                               |                                     |                          |    |