

Northern Exposure Pest Managers Conference 2009

EXHIBITOR APPLICATION FORM



Exhibitor Details

Business Name _____

Contact Person _____

Mailing Address _____

Email Address _____

Phone Number _____

Fax _____

Type of Business (eg supplier of chemical) _____

Main product or services you will be demonstrating/launching _____

PREMIUM PACKAGES – SOLD OUT

Pre-book for 2010 conference to avoid disappointment

Option 2

I would like to commit to the TradeShow Exhibitor Package \$330.00 (inc GST)

Extra staff members required? (\$132 per additional member) Number of extra staff _____

Other details

Do you require power at your stand?

Please note that power cables/boards will not be provided. All cords and boards must have current safety test tags and be taped onto the carpet to prevent trip hazards.

YES NO

Will you be utilising a data-projector?

Please note data projectors cannot be used in the conference room during conference sessions. If you plan to hold group demonstrations, please let us know in advance.

YES NO

PROMOTIONAL MATERIAL

We will provide satchel inserts (Qty 150) We will provide a Special Offer and/or Prize (this will be promoted on the PMI website) Details of inserts/special offer/prize: _____

A high resolution JPG and/or EPS of logo and short promotional blurb including hyperlink (if available) will be emailed to exhibitors@pminq.com by May 1st 2009 and promotional insert material to be delivered to Garrards (38 Carmel Street Garbutt Queensland 4814 by August 15th 2009

Agreement

I agree to the terms and conditions outlined in this document and understand that this booking represents a financial commitment of \$_____. I understand a 20% non-refundable deposit must be paid upon booking confirmation. (Premium Exhibitor \$220, TradeShow Site \$66.00). The balance to be paid 30 days after final invoices sent to the mailing/email address above. Notice of cancellation must be submitted in writing prior to 5 September 2009. 50% cancellation fee will apply. Cancellations received after 5th September 2009 will not be refunded.

Signed _____

Name: _____

Date: ____/____/____

TO ENSURE YOUR PLACE IN THIS CONFERENCE, PLEASE RETURN THIS FORM BY APRIL 27th 2009:

POST: PO Box 58 Hyde Park QLD or **FAX:** 07 47250 911 or **SCAN/EMAIL:** exhibitor@pminq.com

A tax invoice will be emailed to you upon receipt of this form. Shared registrations are not allowed.