



VICTORIAN EXHIBITION REGISTRATION FORM

COMPANY

Organisation/Company Name:.....
(for invoicing purposes)

Company Name:.....
(for marketing purposes)

Is this company a WIOA Corporate Member? YES NO

If NO, would you like information about WIOA Membership YES NO

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No
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CONTACT PERSON

First Name Surname

Position

Postal Address.....

City State Postcode

Phone Mobile

Email

Designated contact person for all further information relating to the exhibition Same as above

First Name Surname

Position

Postal Address.....

City State Postcode

Phone Mobile

Email:

PREFERRED SITE NO. (see Floorplan): 1st 2nd 3rd 4th 5th 6th

Exhibition Site/s @ (insert price for selected site/s) \$

Meals Package @ \$242.00 (inc 10% GST) per person \$

Lunch Only Wed Thurs @ \$ 33.00 (inc 10% GST) per person per day \$

Dinner Only Wed Thurs @ \$ 99.00 (inc 10% GST) per person per day \$

TOTAL \$ _____

I would like information on sponsorship opportunities during the conference. YES NO

WIOA Terms and Conditions and Cancellation Policy for Exhibitors
I have read and agree to the WIOA Terms and Conditions and Cancellation Policy for Exhibitors as set out on the WIOA website.

Name:..... Position:.....
(please print clearly)

Signature:..... Date:...../...../.....

DON'T SEND ANY MONEY NOW

Please forward this registration form to **Ann Austin** by **Email** ann@wioa.org.au, or **Fax** **03 5821 6033**

A Tax Invoice will be issued upon receipt of the registration form and allocation of the site.

It is a requirement of all companies reserving a site to **read the WIOA Terms and Conditions and Cancellation Policy for Exhibitors.**

To confirm your site, payment in full must be received by **5 July 2017** or the site WILL be re-allocated.