

F1 ACCOUNT FORM

Please complete this form and return it to exhibitorservices@gccec.com.au
no later than **twenty-one (21) days** prior to your event

Event Name			
Stand Number		Stand Name	
Contact on the Day		Mobile	
INVOICING DETAILS			
Company Name		ABN / ACN	
Address			
Suburb		Post Code	
Name on Invoice		Contact Number	
Email			

SERVICES REQUIRED			
<input type="checkbox"/>		Coffee shop account	
<input type="checkbox"/>		Miscellaneous order (please provide a description below)	
Dates and Times			
Please nominate all persons authorised to sign charges to this account:			
Name:		Signature:	
Name:		Signature:	
Name:		Signature:	
Name:		Signature:	