

# ACCOUNT FORM

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

## EVENT DETAILS

|                    |  |              |  |
|--------------------|--|--------------|--|
| Event Name         |  |              |  |
| Stand Name         |  | Stand Number |  |
| Contact on the Day |  | Mobile       |  |

## INVOICING DETAILS

|                 |  |                |  |
|-----------------|--|----------------|--|
| Company Name    |  | ABN / ACN      |  |
| Address         |  |                |  |
| Suburb          |  | Post Code      |  |
| Name on Invoice |  | Contact Number |  |
| Email           |  |                |  |

## SERVICES REQUIRED

Service/s *(Please select required service)*

|                          |   |                          |                     |
|--------------------------|---|--------------------------|---------------------|
| <input type="checkbox"/> | Exhibitor Catering/Labour   | <input type="checkbox"/> | Coffee Shop Account |
| <input type="checkbox"/> | Equipment Hire  | <input type="checkbox"/> | Satellite Meeting   |
| <input type="checkbox"/> | Miscellaneous Order <i>(Please provide a description of the service/s required below)</i> |                          |                     |
| Date/s Required          |   | Time/s Required          |                     |

## AUTHORISATION *(Please nominate all persons authorised to sign charges to this account)*

|      |  |           |  |
|------|--|-----------|--|
| Name |  | Signature |  |
| Name |  | Signature |  |
| Name |  | Signature |  |
| Name |  | Signature |  |