

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 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	