

SITE BOOKING APPLICATION

Please send application to: Westpac Life Saver Rescue Helicopter PO Box 822, LISMORE NSW 2480 or fax to: (02) 6621 4288

EXHIBITOR DETAILS - Please complete all sections

Company name: _____ ABN: _____

Stand name for advertising: _____

Contact name: _____

Postal address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Website: _____

Site allocation will only occur upon receipt of application booking form and safety survey

SITE DETAILS	Option 1 (site no.)	Option 2 (site no.)	Option 3 (site no.)	Cost
• Outside Display Area level grass – minimum size 5x5m – refer back of site plan for sizes and costs				\$
• Undercover Display - refer back of site plan for sizes and costs				\$
ADDITIONAL ITEMS				
Description	Price	No.		
• Additional Exhibitor Passes (single sites are allocated 2 passes for 3x3 site, 3 passes for 5x5 site, 4 passes for 10 x 10 site, 2 passes each additional site)	\$8 each		\$	
• One Day Pass	\$5 each		\$	
• Visitors Handout & Website Listing & Hyperlink (compulsory)			\$ 25	
• Exhibitor Paneling - price on application - phone Howard Atkinson on 0434 583 864			\$	
ALL PRICES INCLUDE GST	TOTAL AMOUNT PAYABLE			\$

No payment is required with booking application - you will be invoiced upon site allocation

Are you able to donate a prize to the rescue helicopter for this event? YES, I would like to donate a prize.

Please supply a brief description and value.

Provide a description of the type of products/equipment to be displayed: _____

Company/stand description for event website if different from 2009 (150 words max): _____

Other special requirements: _____

PUBLIC LIABILITY INSURANCE DECLARATION

Every exhibitor must provide documented proof that they hold public liability insurance for a minimum of \$AUD10 million. A certificate of currency MUST be submitted to the address below by June 11, 2010.

- the cover is for a minimum of \$AUD10 million for any one claim
- the policy is in the same name as the exhibitor
- the policy includes move-in and move-out ie from 8/07/10 to 12/07/10

I/We hereby certify that current public liability insurance is held by my/our business.

Insurer: _____ Policy no. _____

Cover date: _____ Expiry: _____

PAYMENT SCHEDULE

Due dates: 30% deposit required upon site allocation by 30th March, or within 7 days for confirmed bookings made after this date. The final 70% of payment is due by June 9

I am paying by (please tick payment option):

CREDIT CARD

Payment amount: \$ _____ Card type VISA MASTERCARD

Name on card _____ Signature _____

Card no. _____ / _____ / _____ Expiry date: _____ / _____

CCV: _____ (last 3 digits on reverse of card)

I authorise 30% payment with site confirmation and the balance to be charged to my credit card on Wednesday 9 June, 2010.

ELECTRONIC FUNDS TRANSFER

A record of transfer details MUST be faxed (02 6621 4288) or emailed (info@helirescue.com.au)
Please note: COMPANY + ADVICE

Account: Northern Region Helicopter Rescue Service Pty Ltd
Bank Name: Westpac Bank
Branch Number (BSB): 032 628
Account Number: 690 381

Reference: Invoice number or Exhibitor Name _____

CHEQUE

Please make cheques payable to Westpac Life Saver Rescue Helicopter
Post your cheque to: Westpac Life Saver Rescue Helicopter, PO Box 822, LISMORE NSW 2480

ACCEPTANCE OF TERMS & CONDITIONS

I/We agree that if this application is accepted and a site is allocated, that I/we will comply with the Terms & Conditions that form part of this application all of which we acknowledge having read, understood & accept. I/we also acknowledge that the event organising committee, or its authorised representative, is the final arbiter of space allocation and may at its sole discretion re-arrange the layout of the show and/or my/our allocated site for purposes of presentation or balance, or for any reason up to the opening of the event. PLEASE NOTE: It is a condition of this application that no part of your site will be sub-let by you to another party.

APPLICATION FORM MUST BE SIGNED & RETURNED WITH THE FOLLOWING:

- Safety & Risk Awareness Survey
- Copy of Public Liability Insurance

Name: _____ Position: _____

Signature: _____ Date: _____

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LISMORE NSW 2480 or fax to:
(02) 6621 4288

Enquiries: Event organiser Howard Atkinson
0434 583 864 or email
howarda1@bigpond.com
Westpac Life Saver Rescue Helicopter
(02) 6627 4444
or events@helirescue.com.au