

Gold Coast Seniors Health & Lifestyle Expos Inc

warren elwell

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EXHIBITOR REGISTRATION FORM 2020

Business Name: _____

Proprietor/ Manager Name: _____

Contact Person Name: _____ Date: _____

Postal Address: _____ P/Code: _____

Tel: _____ Mobile: _____

Email: _____ Website: _____

We wish to book an exhibitor space at the following events for 2020

- | | | |
|--------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> | Albert Waterways Centre Broadbeach | Thursday February 27th |
| <input type="checkbox"/> | Palm Beach Share N Care Centre | Thursday May 14 th |
| <input type="checkbox"/> | Twin Towns Services Club | Thursday July 23rd |
| <input type="checkbox"/> | Runaway Bay Community Centre | Thursday September 17th |
| <input type="checkbox"/> | Southport Community Centre Lawson St | Thursday November 26th |

We require:

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | 1.8m Expo table with display panel | = \$240.00 less discount for 3 expos =\$230.00 |
| <input type="checkbox"/> | 1.8m Expo table without display panel | = \$230.00 less discount for 3 expos =\$220.00 |
| <input type="checkbox"/> | 2 x 1.8m tables (corner site for large display) | = \$400.00 less discount for 3 expos =\$380.00 |
| <input type="checkbox"/> | We need POWER (no extra charge) Please bring power board or extension cord | |
| <input type="checkbox"/> | Do you have Public Liability Insurance cover? Yes / No
Name of Insurer _____ | |

- The Association public liability policy does not cover Exhibitors stalls
- **No refund is due for cancellations within 14 days prior event or no-shows on day of event.**