



# EXHIBITOR REQUIREMENTS

Please complete and return this form a minimum of twenty one (21) days prior to [exhibitorrequests@ma.org.au](mailto:exhibitorrequests@ma.org.au)

## EXHIBITOR AND STAND DETAILS

EVENT NAME				
COMPANY NAME		MOVE IN DATE	00 / 00 / 00	TIME
CONTACT NAME		MOVE OUT DATE	00 / 00 / 00	TIME
ADDRESS				
EMAIL		STAND NO.		
ON SITE MOBILE				

## ACCOUNT REQUEST

I would like to set up an account at the food and beverage outlet  Yes  No

I would like to set a dollar limit on my account  Yes  No Limit \$

The following persons are authorized to charge to this account

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## PAYMENT

I authorize the RNA to charge the following credit card  Yes  No

Credit Card Type	AMEX (SURCHARGE APPLIES) <input type="checkbox"/>	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>
Cardholder Name	Expiry Date		00 / 00 / 00
Card Number	CCV		
Signature			