

Exhibition Space booking form

Masters of General Practice Convention March 23, 24, 25, 2007 Perth Convention Exhibition Centre

Company Name

Exhibition Space	Booking Form and Co	JII GI'aCC
Name of Exhibitor		
Contact Person		
Position		
Street Address		
Suburb		Post Code
Postal Address		
Suburb		Post Code
Telephone ()		
Facsimile ()		
Mobile		
Email Address		
are available at extra charge.	x 3m ving complimentary as part of their booth + \$350 (GST) = Total \$	Preferred Preferred
 2.4m high walls Company name sign x 1 4amp power point x 1 Velcro receptive walls 150w spot lights x 2 	 Fascia x 1 (corner stand entitled to 2 fascias) Sub flooring with carpet 24 hour security Satchel insert 	Two (2) complimentary Delegate Registrations to attend the Convention Two (2) attendees to the Welcome Reception
be forwarded upon booking to: MGF	etails on +61 8 9388 2222. A copy of curren PC, PO Box 1153, SUBIACO WA, 6904. seven days of receipt of Tax Invoice. A Tax Invo lecember 2006.	·
Signed	d Date	
Full Name		
I have read the Terms & Conditi	ons and Privacy Policy (Sign)	
Position in the Company		

