



EXHIBITOR APPLICATION FORM

(WMAA ABN: 78 071 897 848)

WasteQ 2009 Conference & Exhibition

CONFERENCE - EXPO - TECHNICAL TOURS

3 - 5 June 2009 - Sebel & Citigate King George Square, Brisbane QLD

Company Name: _____ ABN: _____

Contact Person: _____ Position: _____

Address: _____

City: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

I/WE WOULD LIKE TO RESERVE THE FOLLOWING EXHIBITION SITE(S):

3m x 2m: Indicate site preference: 1st _____ 2nd _____ 3rd _____

| | Early-Bird <small>Prior to 9 April 2009</small> | Regular <small>After 9 April 2009</small> |
|---|--|--|
| <input type="radio"/> WMAA Premium Supplier Member | \$1,560 | \$1,755 |
| <input type="radio"/> WMAA Corporate & Standard Supplier Member | \$1,755 | \$1,950 |
| <input type="radio"/> Non Member | \$1,950 | \$2,145 |

In order to receive Member Rates please provide: **WMAA Membership #:** ____ - ____ **Expiry Date:** ____/____

The person responsible for this exhibition stand will be: _____

Please note: Booth preferences will be allocated on a first-come, first-served basis. All amounts quoted include GST

CANCELLATIONS

- * The cancellation fee is 10% of the total space fee
- * Cancellations are not effective until they have been received in writing from the Exhibitor
- * No refund for cancellations after 30th April 2009.

PUBLIC LIABILITY INSURANCE

Exhibitors are required to ensure they are covered for public liability insurance. **Please attach a copy of your public liability insurance premium.**

PAYMENT

Upon receipt of your application you will be sent a letter of confirmation and a tax invoice for payment. Payment is 50% on application, balance by 15th August 2008. If payment has not been made by the due date the space may be reassigned or sold.

AGREEMENT BY EXHIBITOR

- (1) **Selected space** – upon receipt of this application and payment, the Exhibition Manager will issue a tax invoice indicating our selected booth number.
- (2) **Use of space** – all exhibit material, furniture and selling aids will be kept within the perimeter of the assigned space.

Organisation: _____

Print Name: _____

Signature: _____

Date: _____ / _____ / _____

SEND YOUR APPLICATION FORM TO:

WasteQ 2009 Conference & Expo

Suite 4D, 5 Belmore St BURWOOD NSW 2134

T: 02 8746 5066

F: 02 9701 0199

E: lyndal@wmaa.asn.au