



Psychic & WellBeing Expos

A Mind, Body, Soul Experience

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 www.sacredmist.com.au

VENUE: MOE RACING CLUB
ADDRESS: WATERLOO ROAD, MOE
DATE: SUNDAY 24 MAY **TIME:** 10.00am till 4.00pm

Exhibitors Booking/Contract — FORM FILLABLE IF YOU DOWNLOAD ADOBE FOR FREE

Business Name: _____

Name of Contact: _____

Phone Contact: Home: _____ Mobile: _____

Email Address : _____

List Products you wish to Exhibit & Services offered on your stand:

STAND REQUIREMENTS - Please tick box to indicate preference:

- | | | | | |
|---------------|---|--------------------------|-----------------------------------|--------------------------|
| Large | 4m Length x 1.5m Deep - Cost (GST included) \$160 | <input type="checkbox"/> | Do you require tables? Yes | <input type="checkbox"/> |
| Medium | 3m Length x 1.5m Deep - Cost (GST included) \$135 | <input type="checkbox"/> | How many? \$10 each | <input type="checkbox"/> |
| Small | 2m Length x 1.5m Deep - Cost (GST included) \$110 | <input type="checkbox"/> | Do you require power? Yes | <input type="checkbox"/> |
| | | | Reason | _____ |

PLEASE NOTE: There is a limit on the number of 4mt or larger size stands at any given expo
 Power is only given to those that need it to run anything on their stand eg: Salt Lamps, Computers, Diffusers etc
 We have a limit on how many stands that are alike eg crystals, candles
 We have a quota on how many Readers for each expo

WORKSHOP PRESENTATIONS

Workshops are .25min duration, there is a limit on times available & are available on first in basis. Every effort will be made to accommodate your workshop request.

Yes, I would like to do a workshop **Name of Presenter:** _____

Workshop Title _____

Short Workshop Description: _____

PAYMENT METHODS

1) Direct Deposit: BANK: Commonwealth
NAME OF ACCOUNT: Sacred Mist Holistic Healing
BSB: 063-619
ACCOUNT: 1112-1763

REFERENCE NUMBER: When your booking has been confirmed, you will receive a confirmation email which will give you a reference number to use when making payment. Please also send a copy of your payment.

2) Credit Card:

Credit Card Number:

Visa Mastercard Expiry Date / CCV

*Please note we do not accept AMEX card

SIGNATURE _____

Total Amount \$ _____

PLEASE NOTE: DO NOT MAKE PAYMENT UNTIL YOU RECEIVE CONFIRMATION

Once we have received you Booking Form, you will then receive a Confirmation Email stating that your booking has been accepted then you can make payment. Final instructions for expos will be sent on Thursday before the Expo

TERMS & CONDITIONS — Please read carefully

STAND CANCELLATION

STAND FEES ARE NON-REFUNDABLE IF THE STAND IS CANCELLED WITHIN 2 WEEKS PRIOR TO EXPO

Only exception is if a suitable replacement is found and approved by the organizer. You will occur a \$30 administrative fee from your refund. Any cancellation for whatever reason and I cannot get replacement, there is NO REFUND.

EXPO CANCELLATION

There will be no refunds in the event of the cancellation of the Expo, due to weather conditions, industrial action, elec-

PUBLIC LIABILITY INSURANCE

We strongly advise that Exhibitors hold their own Public Liability Insurance to cover themselves. This will cover for any damage, injury that may occur on your stand. It will also cover for services eg Massage, Healers and also products eg oils, creams lotion.

If unsure of a insurance company please the Organizers for advise.

The Organizers and Venue insurances do not cover Exhibitors which is why we advise you to hold your own Insurance.

By signing this Contract I/We agree to NOT hold responsible the Organizers for any Claims, Demands, Damages, Actions, Suits, Proceedings or costs related to My/Our participation in the Expo and shall keep the Organizers and Personnel Indemnified against all Damages, Injury, and Loss of any Description that may occur to any property or persons arising directly through the carrying on the Business or activity of the applicant.

Please sign & date that you accept and agree the Terms & Conditions set out by the Expo Organizers

Tick Box to say you have read & accept Terms & Conditions

Tick Box if you need a copy of Invoice

Signature: _____

Date: _____