Psychic & WellBeing Expos

A Mind, Body, Soul Experience

Contact Info: 0411 675 953
info@psychicwellbeingexpo.com.au
www.sacredmist.com.au

VENUE:	**BERNINNEIT CULTURAL & COMMINUTY CENTRE**
ADDRESS:	91 - 97 THOMPSON AVENUE, COWES, PHILLIP ISLAND
DATE:	**SATURDAY, 6 MARCH** **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 1.8m Deep - Cost (GST included) **$180** ☐

Medium **3m** Length x 1.8m Deep - Cost (GST included) **$150** ☐

Small **2m** Length x 1.8m Deep - Cost (GST included) **$120** ☐

Do you require tables? Yes ☐

How many? $10 each ☐

Do you require power? Yes ☐

Reason _____

PLEASE NOTE: There is a limit on the number on 3mt and 4mt stands at any given expo
Power is given to those that need to run anything on their stand eg: Salt Lamps, Computers, Diffusers etc not phones
Make sure you book the right size stand, you need to fit everything on the space you have paid for
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: _____

_____

_____

_____

_____

BOOKING SYSTEM

- Email form to: **info@psychicwellbeingexpo.com.au**
- You will be sent a receipt message
- Once your booking has been accepted, you will receive a confirmation email which will include when payment is to be paid by and a banking reference number
- Payments need to be paid 2 weeks prior to event
- Final instructions will be sent on the Thursday prior to the expo
- A Invoice copy will be attached along with the Final Instructions if you have requested

PAYMENT METHOD

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 either via email or txt to 0411 675 953

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**.
If I can find a replacement for your stand I will honor by moving your payment to the following expo you attend.

EXPO CANCELLATION

There will be no refunds in the event of the cancellation of the Expo, due to weather conditions, industrial action, electrical failure or any other cause. In any of these events, the Expo will be re-scheduled at an alternative & appropriate time.

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.
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 & AGREE TO THE TERMS & CONDITIONS SET OUT BY THE EXPO ORGANIZERS

☐ **Tick Box to say you have Public Liability Insurance (send copy and we will file)**

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

☐ **Tick Box if you need a copy of Invoice**

Signature:_____ **Date:** _____