



Psychic & WellBeing Expo

A Mind, Body, Soul Experience

VENUE: THE MECHANICS HALL
ADDRESS: 18 MECHANICS STREET,
LAKES ENTRANCE
DATE: Sat 2nd Nov - 10 till 5pm & Sun 3rd Nov - 10am till 4pm 2019

Exhibitors Booking Form / Contract (PLEASE PRINT DETAILS CLEARLY)

Business Name: _____

Name of Contact: _____

Address: _____

Suburb: _____ **Post Code:** _____

Phone Contact: Home: _____ **Mobile:** _____

Email Address : _____ (please write clearly)

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

Stand Requirements—Please tick box to indicate preference:

PRICE FOR TWO DAYS

Large	4m in Length x 1.5m Deep - Cost (GST included) =	\$250	<input type="checkbox"/>
Medium	3m in Length x 1.5m Deep - Cost (GST included) =	\$220	<input type="checkbox"/>
Small	2m in Length x 1.5m Deep - Cost (GST included) =	\$180	<input type="checkbox"/>
Table Requirements	(Approx 1.8mts) Hire Cost =	\$10	<input type="checkbox"/>

Do you Require Power - Yes No

Sites with power are Limited - Priority will be given to Exhibitors with computers etc)
Cost of Sites larger than 4 mts will be on the basis of negotiation with the Organizers.

Workshops:

There are Limited Workshop times available. If you are interested in conducting a Workshop please indicate By ticking the Box Yes (These are available on a strictly first in basis)

Please note: All workshops are 1/2 hour duration unless otherwise requested and only if time is available. Every effort will be made to accommodate your Workshop request.

Workshop Title & Name of Presenter _____

Short Workshop Description :

The Organizers recommend that Exhibitors hold their own Public Liability Insurance.

I/We acknowledge that I/We have read the information provided by the Organizers and I/We confirm that I/We will strictly abide by these Rules and Regulations as stated. If I/We do not abide by the Expo's Organizers Rules & Regulations I/We acknowledge the Organizers right to ask I/Us to leave the Expo with no refund of Monies already paid.

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

Signature: _____ Date: _____

Please Note: That Rental of Space is only guaranteed on the return of this Contract being signed, dated and returned together with payment in full.

There are three methods of Payment:

1) Cheques or Money Orders should be made Payable to:

POST TO: SACRED MIST
67 GLENFERRIE ROAD
MALVERN VIC 3144

2) Direct Deposit: Bank: Commonwealth Bank

**BSB Number: 063619
Account Name: Sacred Mist Holistic Healing
Account Number: 10501860**

(Please Note your name or company name as a Reference on payment so that I can identify payment)

3) Credit Card

Please list details below

I would like to pay by my Credit Card:

Credit Card Number

Name on Credit Card: _____ (Please Print)

Please charge my: tick appropriate box Card Expiry Date / CVV

Visa Mastercard * Please note we do not accept AMEX Card

SIGNATURE: _____ Total Amount \$ _____

Please Complete and Sign the Application Forms (pages 1 & 2) and return with your Payment

PAYMENT TO BE RECEIVED NO LATER THAN FRIDAY 25th October 2019

The earlier you book the more chance there is of Securing a Stand

Postal Address:
Sacred Mist Retail & Wellbeing Centre
67 Glenferrie Road
MALVERN VIC 3144

Contact Details:
Tel: (03) 9500 8220
Mobile: 0411 260 339
Email: mbarrass@tpg.com.au