

EXHIBITOR APPLICATION FORM



BUSINESS NAME:	ABN
APPLICANT NAME:	
ADDRESS:	STATE: P/C
EMAIL:	MOBILE:
PH:	FX:
PRODUCT DESCRIPTION:	
HOW DID YOU HEAR ABOUT CRAFTALIVE	

EVENT	DATE	SITE NO:	SITE SIZE	CORNER SITE	TRESTLE QTY	LIGHT	POWER	SITE TOTAL	DEPOSIT TOTAL
Dubbo	30 th - 1st								
Shepparton	20th -22nd								
Sale	11 th -13th								
Griffith	1 st - 3rd								
Broken Hill	7 th - 9th								
Mildura	13 th - 15th								
Wagga	3 rd - 5th								
							GST:		
TOTAL SITE FEES & DEPOSIT INC GST:								\$	\$

DIRECT DEPOSIT:	CRAFTALIVE	WESTPAC BSB: 033 018	ACC: 182 114
CREDIT CARD NO:			
NAME ON CARD:			
SIGNATURE:	EXPIRY DATE:		

Payment Details: Your Exhibitor Name is required as a reference when making a Direct Deposit.

Craft Hour: I would like to conduct a creative skills workshop: (Circle) Yes No

Brief Description of Program: _____

Presenter/s _____

I have fully read and agree to meet all the conditions set out by CraftAlive in the **Exhibitor Information**, and **Terms & Conditions**. As CraftAlive exhibitions fill rapidly, site preferences will be allocated upon receipt of an application form and deposit only. Late bookings will be accepted subject to availability. I am agreeing to pay a 50% site deposit, supply Photographs, a Copy of Public Liability Insurance and will be pay the balance of fees 60 days prior to the event to secure my site booking. Please Email, Fax or Mail your Application form to the address listed below.

Signature: _____ Date: _____