



Psychic & WellBeing Expo

A Mind, Body, Soul Experience

VENUE: WestWaters Hotel & Entertainment Complex
ADDRESS: 10 - 20 Lake Street. CAROLINE SPRINGS
DATE: SUNDAY 18th MARCH 2018 Time: 10am till 5pm

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:

Large 4m in Length x 1.5m Deep - Cost (GST included) = **\$143**

Medium 3m in Length x 1.5m Deep - Cost (GST included) = **\$121**

Small 2m in Length x 1.5m Deep - Cost (GST included) = **\$99**

Table Requirements (Approx 1.8mts) Hire Cost = \$10

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:

**SACRED MIST
POST TO: 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 9th March 2018
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: info@psychicwellbeingexpo.com.au