



Exhibitor Application Form & Accounts Contact Details

COMPANY NAME *

CONTACT PERSON * (full name)

POSITION OR TITLE *

TELEPHONE * (please include area code)

MOBILE *

FACSIMILE

EMAIL *

WEBSITE *



CONTACT FOR INVOICES TO BE SENT TO:

ACCOUNTS CONTACT NAME

FIRST NAME*

LAST NAME*

EMAIL *

POSTAL ADDRESS *

STAND REFERENCE * eg 7 or P

Please email completed form to office@tfabs.co.nz

Completing this form does not constitute an agreement that this stand will be made available until an Exhibitor Agreement Form has been signed and accepted by both parties.