



**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](mailto: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.