



Please complete this BOOKING FORM with your full contact details and indicate which Expo/s you wish to participate in.

A non-refundable 50% payment is required once your participation is confirmed.

Sign, scan or photograph and send back the signed image to sender or [info@bridalexpos.com.au](mailto:info@bridalexpos.com.au)

For additional information please visit our website: [www.bridalexpos.com.au](http://www.bridalexpos.com.au)

### YOUR DETAILS

Business Name: \_\_\_\_\_ ABN: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Contact Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

Product /Service: \_\_\_\_\_

Please book me for the following expo/s				1 x Trestle		2 x Trestle Tables \$610		Wedding Car \$150 Wedding Limo \$180		
Date	Venue		qty	\$	qty	\$	qty	L/C	\$	
<input type="checkbox"/> Feb 3rd	Warragul	Lardner Park		473						
<input type="checkbox"/> Feb 17th	Ballarat	Mecure Ballarat		473						
<input type="checkbox"/> Feb 24th	Geelong	Centenary Hall Norlane		440						
<input type="checkbox"/> Apr 28th	Mornington	Mornington Racecourse		473						
<input type="checkbox"/> May 5th	Plumpton	Windmill Gardens Reception		473						
<input type="checkbox"/> May 19th	Eltham	Eltham Community Centre		473						
<input type="checkbox"/> June 2nd	Pakenham	Cardinia Cultural Centre		473						
<input type="checkbox"/> Sep 15th	Mornington	Mornington Racecourse		473						
<input type="checkbox"/> Oct 20th	Geelong	Deakin Waterfront Campus		450						

All prices are inclusive of Goods and Services Tax

Total Number of Expos .....

Total Cost of Expo(s) .....

Deposit (50% of Total Cost) .....

Balance Owing .....

Please Note:

Balance is due and payable two weeks prior to Expo date

Please include your Business Name when making a direct deposit

### METHOD OF PAYMENT

Direct Deposit to: **TG & T Nominees** Bank: Westpac BSB: 033 070 A/C: 316 095

Please note: All Direct Deposits must include Business Name, to be faxed with registration Form

Cheque **Postal Address:** PO BOX 96, South Oakleigh 3167

Credit Card:  Visa  Mastercard

Card No: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Name on Card: ..... CC Signature: .....

I have read and I agree to the Terms and Conditions of participation with Bridal Expos

Signature: .....