

APPLICATION FORM

SECTION 1: PURCHASE ORDER

Purchase Order Number:

SECTION 2: COMPANY DETAILS

Company Name:

Contact Name: Website:

Postal Address:

Email Address: Phone No:

SECTION 3: EXHIBITION PARTICIPATION

No. of sites: Preferred Sites: Option 1: Option 2: Option 3:

☐ STAND (\$4500+GST) Fascia Name:

Includes white stipple finish walls, power, 2 spotlights & Fascia Name

Name of company doing build (if applicable):

COMPETITOR AVOIDANCE (By Name or Product): TOTAL:

SECTION 4: SPONSORSHIP PARTICIPATION

Handbook Advertisement	\$650+GST	= \$
Speaker	\$3,000+GST	= \$
Espresso Bar	\$5,000+GST	= \$
Registration Brochure	\$5,000+GST	= \$
Official Programme and Notebook	\$7,500+GST	= \$
Cultural Competency	\$5,000+GST	= \$
Conference App	\$5,000+GST	= \$
Branding Package	\$10,000+GST	= \$
Conference Dinner	\$10,000+GST	= \$
Welcome Reception	\$12,500+GST	= \$

TOTAL:



2020 Conference

Better Together 25 - 27 June, Rotorua

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SECTION 4: TERMS AND CONDITIONS

The Exhibition and Sponsorship Programme for PodiatryNZ is being managed by Butler Pelvin & Associates. This application must be signed. Please ensure that you have read the Exhibitor Terms and Conditions carefully. By signing and returning this application form, you are agreeing to the terms and conditions stated in this prospectus. These terms include (but are not limited to):

- >> Booking and payment conditions
- >> Cancellation terms
- >> Exhibition space requirements as listed
- >> Code of Practice conditions
- >> Pack-in and Pack-Out times as stated

SECTION 5: PAYMENT SCHEDULE

On booking >>25% (must be paid to confirm stand)
10 November 2019 >>25%
10 April 2020 >>50%

If booked after 10 November 2019, 50% to be paid on
booking If booked after 10 April 2020, 100% to be paid on
booking All payments must be made in full by 10 April 2020

PAYMENT OPTIONS

Payments are to be made to PodiatryNZ.

An invoice will be sent to you once your application has been confirmed.

I accept the terms and conditions as stated in the Exhibition Prospectus.

NAME: DATE:

POSITION:

AUTHORISED SIGNATURE:

PLEASE EMAIL BACK TO: contact@podiatry.org.nz



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