

EXHIBITION BOOKING FORM

Contact name_____

Position_____

Company/Organisation_____

Postal Address_____

State_____Postcode_____

Phone_____Facsimile_____

Email _____

Our preference of booth numbers is:

1st preference_____2nd preference_____

3rd preference_____4th preference_____

I/We understand that these will be allocated on a strictly first come/first served basis with priority given to the major sponsors.

Our nominated company representative is _____ Mobile phone _____

CANCELLATION

In the case of the withdrawal from the exhibition please be advised that unless the space is re-sold, the organisers will reserve the right to retain monies received.

Signed_____Date_____

PAYMENT DETAILS

I enclose cheque payable to **"The 2003 National Roads Congress"**

I am faxing my booking form and cheque will follow

I wish to pay by credit card and hereby authorise you to charge the amount of \$ _____ to my credit card

Type of Credit Card Bankcard MasterCard Visa Amex Diners

Name on the Card

Credit Card Number ____ _ / ____ _ / ____ _ / ____ _

Expiry Date _____ Signature on the Card _____

Please send completed form as soon as possible and preferably by 30 April 2003 with payment to:

Conference Logistics, PO Box 201, DEAKIN WEST ACT 2600

Facsimile: 02 6285 1336