



Exhibitor Account Form – Exhibition Centre

Please attach all Service Order forms and return along with this form no less than 14 DAYS PRIOR to the move-in of the event to:

Exhibitor Services
Sydney Convention and Exhibition Centre
 Phone: (02) 9282 5499 Fax: (02) 9288 6463 Email: exhibitorservices@scec.com.au

Contact Details: *(Please print)*

Mr / Mrs / Miss / Ms	First Name:	Surname:
Position:		
Company:		ABN:
Stand Name:		Stand No:
Postal Address:		
Suburb:		Phone:
Postcode:		Fax:
State:		Mobile:
Country:		Email:

Summary of Services: *(Please check boxes of services you are paying for)*

- | | | |
|--|-----------------|----------|
| <input type="checkbox"/> Phone Services | (Charge Amount) | \$ _____ |
| <input type="checkbox"/> Internet Services | | \$ _____ |
| <input type="checkbox"/> R.F. Connection | | \$ _____ |
| <input type="checkbox"/> Cleaning Services & Waste Removal | | \$ _____ |
| <input type="checkbox"/> Water / Compressed Air | | \$ _____ |
| <input type="checkbox"/> Centre Account Card | | \$ _____ |
| <input type="checkbox"/> Stand Catering | | \$ _____ |
| <input type="checkbox"/> Rigging Services | | \$ _____ |
| <input type="checkbox"/> Audio Visual Services | | \$ _____ |

Total Charge: \$ _____

Payment Details:

Total Charge: \$ _____

CREDIT CARD EFT* CASH CHEQUE (made payable to DHCE Pty Ltd)

Card Type: VISA AMEX DINERS MASTERCARD

Please note applicable merchant fees will be applied to all credit card payments.
 Visa – 1.82% Amex – 2.81% Diners – 3.44% Mastercard – 1.82%

Card Number: _____ Expiry: ____/____

Name on card: _____ Signature: _____

*EFT Banking Details:

BANK:	Australia and New Zealand Banking Group Limited	ACCT NAME:	Sydney Harbour Foreshore Authority - SCEC Banking Account
BSB:	012-100	ACCT NO:	8370 13524

Please Note: this form will not be processed unless the above information is completed.
 Managed by DHCE Pty Ltd, ABN 76 057 767 389 as an agent for SHFA, ABN 51 437 725 177

November 2008