2013 aimc Australian International Movie Convention

14-17 October 2013

Plus Premiere Film Event 13 October 2013

Presenting Partner: TOURISM and EVENTS QUEENSLAND

Venue: The Pavilion Convention Centre, Jupiters Hotel & Casino, Broadbeach, Gold Coast, Queensland, Australia

www.movieconvention.com.au | **T:** +61 7 3397 3304 | **F:** +61 7 3397 1332

Postal address: PO Box 667, Stones Corner Qld 4120, Australia | **E:** graham@movieconvention.com.au

TRADE SHOW PACKAGE BOOKING FORM—Please complete ALL sections

Company Name:_____

Contact Name: _____

Postal Address:_____

City: _____ State: _____ Postcode: _____ Country: _____

Tel: _____ Fax: _____ Mob: _____

Email: _____

YOUR TRADE BOOTHS

I wish to purchase Trade Show (please tick your choice)

☐ Package 1 at **AUD$2,530** (inc GST)

☐ Package 2 at **AUD$3,795** (inc GST)

Please indicate preferred trade booth no's: _____ (1st choice) _____ (2nd choice) _____ (3rd choice)

(Please refer to trade show floor plan for booth number/s. Booths will not be allocated until payment of invoice is received in full. Fully paid booth requests will receive preference of allocation.)

Please indicate the name of your staff member who will be registering as part of your Trade Show Package and attach a completed Delegate Registration form to this application.

Staff name: _____

YOUR PAYMENT - PAYMENT MUST BE RECEIVED WITHIN 3 WEEKS OF OUR BOOKING CONFIRMATION

☐ **CHEQUE/MONEY ORDER:**

I hereby enclose a cheque/money order for AUD$ _____ for the above Trade Show package

Please make cheques payable to **National Association of Cinema Operators** and send with your completed form to:

AIMC, PO Box 667, Stones Corner QLD 4120 Australia

☐ **CREDIT CARD CHARGE AUTHORITY:** (NB: All credit card bookings will attract a 3.5% booking fee)

Booking Amount = $ _____ + Booking Fee = $_____ = Total Payable $ _____

Please Tick: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DINERS

Name on Card: _____

Credit Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expire date: __ / __ (mm/yy) CSV: _____

Signature: _____

☐ **EFTPOS PAYMENTS**

Account Name:	National Association of Cinema Operators—Australasia
Bank:	Australia and New Zealand Banking Group (ANZ)
BSB:	014 015
Account Number:	3628 26838
Swift Code:	ANZBAU3M (for international transfers only)

SIGNED: _____ DATE: ____/_____/_____

After payment has been processed in full, this form constitutes a Tax Invoice / Receipt and can be used for tax purposes. Please ensure you keep a copy for your records.