AusACPDM 4th Bi-Annual Scientific Conference
Sofitel Brisbane, QLD • 10 – 13 April 2008

EXHIBITOR APPLICATON
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Contact Name _____Title _____

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Name of company representatives attending the conference

1._____ Mobile: _____

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☐ Sponsorship $:_____ Type _____

☐ Display space: $1500

- ☐ Please reserve a trestle with chairs
- ☐ Will supply own display (limit space to approx 1.5m x 1.0m)

☐ Satchel insert: $550

Payment: Please make cheques payable to AusACPDM Conference - or

☐ MASTERCARD ☐ VISA Expiry Date ____/_____

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Name on Card: _____

Signature: _____

Signature of exhibitor agent: _____ Date_____

ALL PRICES GST INCLUSIVE

***CANCELLATION POLICY:** Any cancellations made in writing to the Conference Secretariat prior to February 11th 2008 will be given a full refund minus a 10% booking fee. Cancellations made after this date will be subject to no refund.

Please post application with payment to:

AusACPDM Conference
PO Box 637 / North Sydney NSW 2059 Australia
Tel: 02 9954-4400 Fax: 02 9954-0666
Email: nell@dcconferences.com.au