



Trade Registration Form -2009

Business name: _____
Address: _____
_____ code _____
Phone: _____ Fax: _____
Email: _____
Contact Person: _____ Mobile: _____

Trade show requirements: (please tick)

<input type="checkbox"/> 3m x 6m \$700	<input type="checkbox"/> 3m x 9m \$950	<input type="checkbox"/> 3m x 12m \$1200
<input type="checkbox"/> 6m x 6m \$1100	<input type="checkbox"/> 6m x 9m \$1500	<input type="checkbox"/> 6m x 12m \$1800
<input type="checkbox"/> x tables @ \$18 each	<input type="checkbox"/> x chairs @ \$4 each	Total costs: \$_____

Power Yes / No Lighting Yes / No *(Cost to be determined on number of users)*

Cheques are to be made out to the Prince of Wales Hospital Foundation

Credit Cards (please circle) Bankcard Mastercard Visa

Card Number _____

Expiry Date ____ / ____

Card Name: _____ **Signature:** _____

Please return the completed form and payment to:



Phill Bates AM
Fundraising Committee
Ride for Life
Prince of Wales Foundation
124 Forest Road
Hurstville NSW 2220
Fax: 02 9570 4402