



EXHIBITION APPLICATION FORM

Contact Details:

Name of Exhibiting Company : _____
Contact Person : _____
Designation : _____
Contact Information Tel: _____
Cell: _____
Email: _____

Invoicing Details:

Invoice to be made out to : _____
Address for invoice purposes : _____
: _____
: _____
Code: _____
Company Registration Number : _____
Company VAT Number : _____
Person Duly Authorised to Sign : _____
**The contract will be in this person's name*
Designation : _____
ID Number : _____
Person responsible for payment : _____
Designation : _____
Contact Information Tel: _____
Cell: _____
Email: _____

Booking Details:

Short Description of Product/Service : _____
Minimum Court Size Required OR
Preferred Court : _____
Exhibition Starting Date (Tuesday) : _____
Exhibition Ending Date (Monday) : _____
**Vehicle exhibitions vacate on a Sunday night*
Number of Parking Tickets Required : _____
**Parking tickets will be charged at R10 per vehicle per day*

Special Arrangements:

THIS FORM MUST BE ACCOMPANIED BY A VISUAL OF THE STAND SET-UP FOR APPROVAL