



## **EXHIBITOR REQUIREMENTS**

Please complete and return this form a minimum of twenty one (21) days prior to <a href="mailto:exhibitorrequests@rna.org.au">exhibitorrequests@rna.org.au</a>

EXHIBITOR AND STA	ND DETAILS						
EVENT NAME							
COMPANY NAME		MOVE II	N DATE			TIME	
CONTACT NAME		MOVE C	MOVE OUT DATE			TIME	
ADDRESS							
EMAIL			STAND NO	).			
ON SITE MOBILE							
ONSTAND HOSPITAL	ITY						
I would like to book hospitality for my stand					Yes		No
ITEM		COST	FIRST DAY REQUIRED	NO. OF	DAYS	СО	ST
	HINE (Venue barista require 770mmW x 910mmH 1800mm x 900mm	ed to operate)					
Includes –  Standard blend co Hot chocolate Full cream milk, sk Cups (8oz) with lic Stirrers Sugar sachets first 50 cups of cof first 4 hours of bar	im milk, soya milk s fee	(per day)					
Barista (minimum four hour o	eall)	\$49.50 per hour or part thereof		Additio	nal hours		
Additional cups of coffee (ov 50) – venue will do a daily cu		\$4.00 per cup					
	ON COFFEE MACHINE (sel 392mmW x 370mmH 1800mm x 750mm	f service)					
Includes –  Standard blend co Hot chocolate Full cream milk, sk Cups (8oz) with lice Stirrers Sugar sachets First 50 cups of co Additional cups of coffee (ov 50) – venue will do a daily cu	rim milk, soya milk s ffee er and above the included	(per day) \$4.00 per cup					

ONSTAND HOSPITALITY	(continued)						
CATERING							
ITEM		COST PER ITEM	QUANTITY	NO. OF	DAYS	COST	
Assorted cookies							
Assorted snack basket (example in cookies, fresh fruit, chocolates, mu includes 20 individual items)	nclusions chips, lesli bars – basket						
Chefs selection of cakes							
Chefs selection of muffins							
Gourmet point sandwiches (chef's 1.5 round per person	selection) – quantity						
OTHER ITEMS							
Will you be providing your own refrigerator (must be test and tagged)?					Yes		No
Will you be providing your own cup				Yes		No	
		TOTAL ON	STAND HOSPITA	LITY			
PAYMENT							
I authorize the RNA to charge the following credit card					Yes		No
	TAND HOSPI	ND HOSPITALITY					
		S TO CREDIT CARD					
Credit Card Type	AMEX (SURCHARGE APPLIES)		VISA		MASTE	RCARD	
Cardholder Name				Expi	ry Date		
Card Number				CCV			
Signature							