



Australian Society of Sugar Cane Technologists Limited
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2020 INDUSTRY EQUIPMENT EXHIBITION APPLICATION

Applicants are required to be a supporting member of the ASSCT and the Exhibition Application Fee includes that subscription. While Supporting Members are entitled to be represented at the Industry Equipment Exhibition by any number of delegates, those delegates should purchase entry tickets to the Conference social functions they wish to attend.

**WE WISH TO PARTICIPATE IN THE 2020 INDUSTRY EQUIPMENT EXHIBITION TO BE HELD
 FROM TUESDAY 21 APRIL TO THURSDAY 23 APRIL 2020 IN THE
 BUNDABERG MULTIPLEX SPORTS & CONVENTION CENTRE, BUNDABERG WEST, QLD.**

COMPANY NAME	
COMPANY ABN	
Name of Booth Organiser (Please print)	
Postal address for Booth Organiser:	
Telephone number for Booth Organiser :	
Mobile number for Booth Organiser:	
Email address for Booth Organiser:	
3m x 3m Booth: No of booths required. First booth @ \$3 000, second & subsequent booths @ \$2 795 each.	
3m x 2m Booth: No of booths required. First booth @ \$2 800, second & subsequent booths @ \$2 595 each.	
Name of person taking free registration (for name badge)	
Email of person taking free registration	
Will the person taking free registration be attending:	<input type="checkbox"/> Welcome function to be held at the Conference Venue on Tuesday 21 April <input type="checkbox"/> Conference Dinner to be held Thursday 23 April at the Conference Venue <input type="checkbox"/> Tours, which will be held Friday 24 April. Please circle Manufacturing or Agricultural
	Any dietary requirements:

A deposit of \$300 PER BOOTH is required with the application.

Balance owing is payable by 7 February 2020. A tax invoice will be issued on receipt of your application.

EFT transaction: Australian Society of Sugar Cane Technologists Ltd
BSB: 064 707 Account No: 0080 0421 (CBA, Mackay Queensland)

I enclose my cheque/money order in payment.	Total \$_____	or
Please charge my Mastercard/Visa.	Total \$_____	
My full card number is	_____	
Expiry Date: /	Cardholder's Name:	
Daytime Telephone No: ().....	Signature of Cardholder:	