



EXHIBITION APPLICATION FORM

Thank you for your interest in holding a promotion at Cedar Square. Please can you complete the form below with details of your promotion/exhibition.

The attached application form must be signed, completed and returned to Cedar Square for the attention of the SalesCoordinator, either by email on trust@primecourts.co.za, and delivered to the Centre Management Office.

EXHIBITOR DETAILS

COMPANY NAME: _____

CONTACT PERSON: _____

TEL NUMBER: _____

FAX NUMBER: _____

CELL NUMBER: _____

E-MAIL ADDRESS: _____

COMPANY ADDRESS: _____

EXHIBITION DETAILS

WHAT WOULD YOU LIKE TO EXHIBIT? _____

TYPE OF EXHIBITION:

- Display
- Product Launch
- Database Build Up
- Product Sampling
- Product/Service Awareness



Customer Feedback

Other:.....

COURT REQUESTED:

Court	Date	Rate Ex VAT	Court Size	Power availability

SPECIAL REQUESTS: (i.e. trestle tables, plug points and Mall tablecloths)

WILL YOU BE ADVERTISING YOUR EVENT? IF YES PLEASE GIVE DETAILS

*In order for your exhibition/promotion to be considered, we require a written proposal on the exact nature of your promotion and its requirements.*A sketch, pictorial view or likeness of the exhibition stand to be erected must be provided, with measurements, props and a detailed description thereof, as well as the manner in which the exhibition will be conducted.

PLEASE SUPPLY A DETAILED DESCRIPTION OF YOUR EXHIBITION:

Dimensions:

Other:



CLIENT DETAILS AND PAYMENT CONFIRMATION

OWNER/CLIENT NAME (name in which contract is drawn up):			
Centre Name where the exhibition are taking place:			
Full Trading Name of Company handling the payments:			
Co Reg. No:		Vat Reg No:	
Financial person (to follow up on payments)		Contact Number	
Postal Address (financial person):		Postal Code:	
Physical Address (financial person):		Postal Code:	
E-mail Address (financial person):			
Payment Terms			
Please indicate your preferred method of receiving invoices / statements:		Post	E-Mail

DATE _____

SIGNED BY CLIENT OR HIS AUTHORISED REPRESENTATIVE _____

PLEASE PRINT NAME AND DESIGNATION _____

DECLARATION

I / We,, hereby declare and warrant that the information provided above is correct and furthermore acknowledge that Primedia Lifestyle will be relying heavily on the accuracy of this information. I / We furthermore undertake to advise Primedia Lifestyle immediately should any of the information furnished above change.

Signed this day of20..... in my personal capacity / in my capacity as the duly authorised officer / director / member / trustee.

SIGNATURE _____

PLEASE PRINT NAME AND DESIGNATION _____

Approver Name/Title	Signature	Sign Date	Comments
Centre Manager:			
Marketing Manager:			
Sales Coordinator:			