



**EXHIBITOR APPLICATION FORM**

**SEPTEMBER 20 & 21 2024**

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**SITE FEES**

DETAILS	QTY	PRICE	TOTAL
Full Site 14m wide x 10m deep		\$900	
Adjacent Site (outside only)		Half price	
Half Site 7m wide x 10m deep		\$700	
Outdoor Site (unpowered) 6m x 3m		\$400	
Full Pavillion Site 6m wide x 3m deep		\$300	
Half Pavillion Site 3m wide x 3m deep		\$200	
Half Pavillion Site 3m wide x 3m deep		\$200	
E Building Half Site (under cover) 3m x 3M		\$250	
E Building Full Site (under cover) 6m x 3M		\$400	
Additional Passes		\$5	

*\*Pay full site fee for first site, second site 1/2 price & third site free!*

**TOTAL COST\***

Above prices set for 2024. GST does not apply. Each site includes 2 passes. ie 3 sites = 6 passes

**EACH EXHIBITOR WILL RECEIVE A FREE LISTING INCLUDING SITE LOCATION IN THE OFFICIAL PROGRAM.**  
 Please indicate below if you would like to book additional advertising space:  
 Full page (148mm w x 210mm h + bleed) \$500   
  1/2 Page (148mm w x 105mm h + bleed) \$350   
  1/4 Page (74mm w x 105 h + bleed) \$250

Advertising deadline 16 August 2024. Site fees must be paid in full by 20 August 2024. Fees not paid by this time will result in site cancellation.

\*My Public Risk Liability Insurance has been organised with: \_\_\_\_\_  
 (A copy of your proof of insurance cover is required).

**SITE DETAILS**

Please re-book same site/s as Agrotrend 2022: (please tick) **Y**  **N**  (2022 exhibitors must secure their site by 24 December 2023 or site will become available)

Please indicate your preferred site location for Agrotrend 2024: \_\_\_\_\_ (If this section is not completed we will assume that you have no site preference)

First Preference: Number: .....  
 Second Preference: Number: .....

Type of products/services to be displayed: (please detail) \_\_\_\_\_

Power required (please tick) **Y**  **N**  Type and amount \_\_\_\_\_

I agree to comply with the attached terms and conditions which I have read and understand.

Authorised Representative: \_\_\_\_\_ Position: \_\_\_\_\_

Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT DETAILS:**

- **Credit Card**  
 Contact Event Manager  
 0488 197 400
- **Direct Deposit**  
 Bundaberg Field Day Society  
**AC** 22571446  
**BSB** 124 075