



IPSWICH SHOW

SOCIETY

First Show 1873



(A not for profit organisation)

'A COVID Safe Event'

2022 EXHIBITOR APPLICATION FORM

13th, 14th and 15th May 2022

PO Box 812 Booval, Qld 4304

07 3281 1577

admin@ipswichshow.com.au

www.ipswichshow.com.au

EXHIBITOR DETAILS

Business Name:		ABN:
Contact Name:		
Email:		
Postal Address:		
Town / City:	State:	Postcode:
Phone:	Mobile:	

INSURANCE (Public Liability Required - MUST indemnify Ipswich Show Society for the sum of \$20 million.)

SITE BOOKING DETAILS (Please indicate Your Requirement Below)

INDOORS - MAIN PAVILION

SIZE	LOCATION	Price	Please Tick
3m x 3m	Inside	\$570 inc GST	
6m x 3m	Inside	\$1065 inc GST	
PREMIUM 2.4m x 3m	Inside	\$660 inc GST	
PREMIUM 2.4m x 6m	Inside	\$1265 inc GST	

(**Premium inside stands include partitions, sign-board and lighting. Limited sites available**)

CHARITY STANDS

50% Discount must have a current ACNC Certificate.

OFFICE USE ONLY

Date paid:

Amount:

Rec #:

P/L

Food Licence

OUTDOOR DISPLAY

3m x 3m	Outside	\$360 inc GST	
6m x 3m	Outside	\$660 inc GST	

FOOD VENDORS

\$45 / sq metre (overall length must include drawbar, minimum frontage 3 metres and depth 3 metres)

_____ metres Frontage and _____ metres Depth

Total space required is _____ sqm (Frontage x Depth) Total sqm x \$45 = \$ _____ Total GST inc.

PRODUCT DESCRIPTION

Provide a description of products, brands or services you will be exhibiting: _____



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SOCIETY INC.

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FOOD STALL OPERATORS

Do you have your own generator? _____ Yes No

Are you classified as a mobile food business? _____ Yes No

(If YES, please supply a copy of current food business license)

If you are NOT a mobile food business, have you completed a temporary stall application for Ipswich City Council this calendar year? _____ Yes No

(If not, or unsure if you need a license, please call Ipswich City Council on 07 3820 6666)

PASSES

2.4m x 3m and 3m x 3m stands Receive 3 passes complimentary per day

3m x 6m and larger stands Receive 5 passes complimentary per day

Additional passes available at discount rate of \$12 / day

Do you require additional passes? Friday Saturday Sunday

PAYMENT OPTIONS

50% of total FOR Exhibitor space is due IMMEDIATELY upon booking/invoice. Pay in full on booking and receive a **10% discount**

CHEQUE
made payable to **IPSWICH SHOW SOCIETY - PO Box 812, Booval QLD 4304**

EFT
NAME **Ipswich Show Society** BSB **704 640** A/C **32022945**

CREDIT CARD
VISA / MASTERCARD (*please circle*) card holder

Name: _____

Card Number:

Expiry Date: ____ / ____ CCV No: ____ Amount to be deducted: \$ _____

(OR PHONE 07 3281 1577 TO PROCESS PAYMENT OVER THE PHONE)

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge having read the following terms and conditions of this agreement attached to be bound by those terms and conditions. If I sign this agreement as an employee, servant or agent of the exhibitor, I warrant that I have authority to enter into this agreement on behalf of the exhibitor and agree to be bound by the terms and conitions of the agreement.

FULLNAME: _____

SIGNATURE: _____

Position: _____ Date: _____

Please complete and return this form to:
POST | PO Box 812, Booval QLD 4304
EMAIL | admin@ipswichshow.com.au

WWW.IPSWICHSHOW.COM.AU