

INNOVATE.
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THRIVE.



AUSTRALIA+NEW ZEALAND
FRESH CONNECTIONS

EXHIBITOR PROSPECTUS

24–26 June 2014

Viaduct Events Centre • Auckland, New Zealand

CONFERENCE FAST FACTS

Date: 24–26 June 2014

Venue: Viaduct Events Centre, Auckland, New Zealand

Trade show: 80+ exhibitors, wide range of fresh produce, new products and services

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E: sponex@pmafreshconnections.com.au

W: www.pmafreshconnections.com.au

Incorporating the Horticulture NZ Annual Conference

HOSTED BY



EXHIBITION OPPORTUNITIES

The PMA Fresh Connections 2014 conference and trade show provides a range of exhibition options. Please refer to the conference and trade show website for full package inclusions and terms and conditions of exhibiting. Should you wish to discuss exhibition opportunities, please contact the conference and trade show managers at sponex@pmafreshconnections.com.au.

- All costs are inclusive of 15% Goods and Services Tax (GST), and in New Zealand Dollar. MCI Australia will issue an official tax invoice.
- Applications are to be made via the official exhibitor application form and returned to MCI Australia.

2013 PRE-RELEASE SPECIAL

Book and pay for your exhibition booth by 31 December 2013 to save a further \$450 off the earlybird rates

OPTION 1: SHELL SCHEME BOOTH

3m x 3m (totalling 9m²)

Exhibition booth designed to showcase your capabilities and engage directly with existing and potential customers. Ideal for machinery, service providers and industry agencies wanting to maximise their return on investment.



OPTION 2: SPACE ONLY

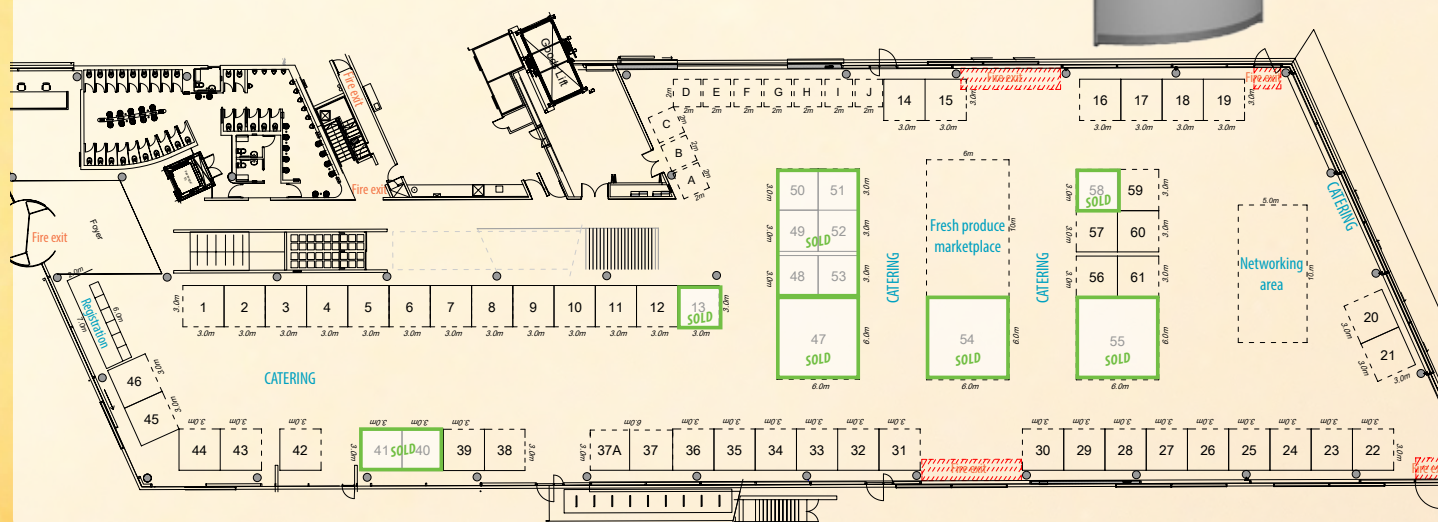
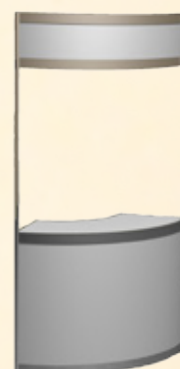
minimum 9m² units

For floor space only, a custom designed booth must be erected on the floor space. A CAD drawing, engineering specifications and an artist's impression will be required and is subject to approval by the venue, PMA Fresh Connections 2014 and the conference and trade show managers.

OPTION 3: EXHIBITION POD

2m x 2m (totalling 4m²)

Got something unique, outstanding or new, but only require a smaller space to exhibit? These smaller display units encourage delegates to get up close and personal with the products on display or allows you to show your service within a more intimate setting. Each pod includes a 1.4 metre bench, and 2 metre frontage.



EXHIBITION RATES

Booth type	Pre-release rate received up to 31 December 2013	Earlybird rate received up to 31 January 2014	Standard rate received on or after 1 February 2014
Shell scheme booth (3m x 3m)	\$4,900	\$5,350	\$5,900
Space only (minimum 9m ²)	\$4,600	\$5,050	\$5,600
Exhibition pod (minimum 4m ²)	\$2,950	\$3,400	\$3,950

APPLICATION TO EXHIBIT

To apply, simply complete and return this form to:

Mail: PMA Fresh Connections 2014
Level 2, 369 Royal Parade
Parkville Vic 3052 Australia

Fax: 03 9320 8699

Email: sponex@pmafreshconnections.com.au

IMPORTANT: Your organisation's inclusions will be confirmed in writing and will become effective once agreed payment has been received.

CONTACT DETAILS

Title	Given name	Surname
Position		
Organisation name (for invoicing purposes)		
Organisation name (for marketing purposes)		
Address		
State	Country	Postcode/zip
Telephone	Mobile	
Email	Website	
Please tick if you are an <input type="checkbox"/> Australian Chamber member <input type="checkbox"/> Hort NZ member <input type="checkbox"/> PMA ANZ member <input type="checkbox"/> United Fresh member		

EXHIBITION OPPORTUNITIES All costs are inclusive of 15% Goods and Services Tax (GST), and in New Zealand Dollar. MCI Australia will issue an official tax invoice.

Booth type	# required	Pre-release received up to 31 December 2013	Earlybird received up to 31 January 2014	Standard received on or after 1 February 2014	Total
Shell scheme booth (3m x 3m, 9m ²)		\$4,900	\$5,350	\$5,900	
Space only (minimum 9m ²)		\$4,600	\$5,050	\$5,600	
Exhibition pod (2m x 2m, 4m ²)		\$2,950	\$3,400	\$3,950	
TOTAL					\$

WILL YOUR BOOTH OR SPACE BE SHARED WITH ANOTHER EXHIBITOR?

Shared exhibition space can not be invoiced separately. You will be required to advise the event managers of all company names of those sharing

1 Company:	Phone:
Contact name:	Email:
2 Company:	Phone:
Contact name:	Email:
3 Company:	Phone:
Contact name:	Email:
4 Company:	Phone:
Contact name:	Email:

PLEASE COMPLETE ALL
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APPLICATION TO EXHIBIT

Organisation name:

EXHIBIT LOCATION

The conference and trade show managers will endeavour to allocate space in line with your request, however this cannot be guaranteed. Booths will be allocated in order of application and payment, with sponsors having first priority.

I do not wish to be located adjacent to these companies:

I wish to be located in booth / space number : (Note the floorplan shown above may change without notice prior to the conference)

Fascia name signage (maximum 30 characters including spaces)

Please also relay these details to the exhibition supplier when they send you their own exhibitor manual.

PAYMENT METHOD—please tick chosen method

☐ **New Zealand cheque** (payable to MCI Australia). International cheques will not be accepted.

☐ **Direct deposit** upon receipt of invoice

Note: Payment details will be shown on invoice

☐ **Credit card** charges as per this form (plus a 5% merchant fee) are to be debited to: ☐ MasterCard ☐ Visa

Card holders name

Credit card number

Expiry

Signature

INSURANCE

Please complete the following information regarding your broadform (public and products) liability insurance policy. If you are unable to organise insurance cover as required, please contact the organisers to discuss options.

Name of insurer

Policy number

Date insurance falls due

Insured amount \$

DECLARATION

☐ Please tick if you do not wish to receive PMA Fresh Connections 2014 updates via email

My signature below denotes that I accept the points listed in the declaration, agree to be invoiced for the total amount payable, and am authorised to make the commitment on behalf of my organisation. I understand and accept the inclusions of the sponsor package I am purchasing, and agree to abide by the terms and conditions of participating in this event as outlined on the conference website.

Name (please print clearly)

Insert total amount payable

Signature

Date

\$

PLEASE COMPLETE ALL
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