



Exhibitor Details

Company:.....Contact Name:.....

Phone:.....Mobile:.....

Email address:.....

Please complete one registration form per room, listing all attending exhibitors/sponsors and any accompanying people sharing the room for registration purposes.

Title:.....First Name.....Surname:.....

Title:.....First Name.....Surname:.....

Title:.....First Name:.....Surname:.....

Title:.....First Name:.....Surname:.....

Title:.....First Name:.....Surname:.....

Title:.....First Name:.....Surname:.....

Total number of guests in room:.....

Special Requirements e.g. diet, access etc

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Do you require additional accommodation pre or post conference: YES / NO (Please list details below)

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PLEASE NOTE: This registration form is to book your accommodation, optional dinners and conference functions if required.

Please confirm all sponsorship packages and / or exhibitor space with the Conference committee directly.

Lauren Winner – Administration Officer / Library Services, Gosford Council
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