



Please note forms must be returned no less than 20 business days prior to the event.

Contact Details		
*MANDATORY FIELD – Please note that fo	rms submitted without the mandatory fields cor	mpleted will not be processed
*First name:	*Surname:	
*Stand name:	*Stand no.:	
*Company address:	Suburb:	Postcode:
Phone:	Email:	
*Name of event:	Event dates:	
	onduct fire and or hot work activities must obta orior to the event. Each application will be asses <b>EC Event Manual)</b> .	
<ul> <li>Risk assessment <b>must</b> be provided are</li> <li>Hot Work permit <b>must</b> be issued onsit commencing work</li> </ul>	ound hot work/activity carried out. te prior to work/activity being carried out. Please	liaise with the Event Client onsite prior to
Description of hot work/activity to be carried out		
Description of equipment to be used		
Description of a few many districts	h. h.l	
Description of safety precautions to	be taken	
and Exhibition Centre against any liability, lo of [insert nam Centre. I agree that both my representatives	and Exhibition Centre grant permission, I will indemnoss, claim or expense arising in connection with any and of company, including any activities or work authorises and I will abide by the terms and conditions of Perticloyees. I also agree to pay for any damages or charge	octivities or work carried out by or on behalf ed by Perth Convention and Exhibition h Convention and Exhibition Centre and
Name of Authorised Company Officer		
Signature of Authorised Company Office	r	Date
Name of Authorised Company Officer		
Signature of Authorised Company Office	r	Date





Supporting Documents			
In order to support your application, please provide the following information along with this form:			
Risk Assessment Public Liability Certificate			
VENUE USE ONLY			
Venue Approval			
Authorised by			
Signed	Date		
Venue Validation			
Authorised by			
Signed	Date		

Please return this form along with the Payment Form to <a href="mailto:exhibitor@pcec.com.au">exhibitor@pcec.com.au</a>