

VISITOR REGISTRATION FORM



Mr / Mrs / Miss / Ms / Other _____

First Name _____

Last Name _____

Company _____

Address _____

Suburb _____ State _____ Postcode _____

Telephone _____ Fax _____ Mobile _____

Email _____

Website _____

Please complete the following table by ticking the relevant boxes signifying your choices.

Your Job Function	Industry – The work you are involved in
<input type="checkbox"/> Admin <input type="checkbox"/> Apprentice / Student <input type="checkbox"/> Director / CEO / MD <input type="checkbox"/> Consultant/Educator <input type="checkbox"/> Designer <input type="checkbox"/> Manager / Supervisor <input type="checkbox"/> Operator <input type="checkbox"/> Owner / Partner <input type="checkbox"/> Production <input type="checkbox"/> Purchasing <input type="checkbox"/> Research & Development <input type="checkbox"/> Sales & Marketing <input type="checkbox"/> Technical <input type="checkbox"/> Other _____	<input type="checkbox"/> Acrylic <input type="checkbox"/> Airbrushing <input type="checkbox"/> Awards / Trophy <input type="checkbox"/> Artwork / Graphic Design <input type="checkbox"/> Banner <input type="checkbox"/> Braille & Tactile Signs <input type="checkbox"/> Componentry Systems <input type="checkbox"/> Consumables <input type="checkbox"/> Digital <input type="checkbox"/> Display <input type="checkbox"/> Embroidery <input type="checkbox"/> Engraving / Laser / Etching <input type="checkbox"/> Flatbed Printing <input type="checkbox"/> Heat Transfer <input type="checkbox"/> Illuminated Signage / Neon / LED / Light boxes <input type="checkbox"/> Laminating <input type="checkbox"/> Large Format Printing <input type="checkbox"/> Offset / Pad Printing <input type="checkbox"/> Paint <input type="checkbox"/> Plotters / Cutters <input type="checkbox"/> Routing <input type="checkbox"/> Screenprinting <input type="checkbox"/> Signage <input type="checkbox"/> Sublimation <input type="checkbox"/> Substrates <input type="checkbox"/> Vinyl <input type="checkbox"/> Other _____

Where did you hear about the Visual Impact Image Expo?

Mailings
 VI eNews
 VI Magazine
 Image Magazine
 Exhibitors/Suppliers
 Word of Mouth
 Other (please specify) _____

Do you currently receive Visual Impact Magazine? Yes No
 If no, would you like to? Yes No
 Do you currently receive Image Magazine? Yes No
 If no, would you like to? Yes No

Your privacy is a priority of the Visual Impact Image Expo. The information you provide us with is used to process your registration, and will be given to contractors for this purpose. Please indicate below if you do not wish your information to be disclosed to sponsors, exhibitors or contractors.

I do not consent to the disclosure of my information.

Our full Privacy Statement is available on our website: www.viie.com.au



Please complete and return this form to: **Event Coordinator**
 PO Box 3723 Marsfield NSW 2122 | Fax: **+61 2 9869 0554** | Email: viexhibitions@visa.org.au
 One form per person. This form may be photocopied.
 Enquiries: **+61 2 9868 1577** | For more information or to register online visit: www.viie.com.au