

## VIP VISITOR INCENTIVE PROGRAM

### Get the key buyers to your stand!

Nominate key buyers you would like to see at the Fair and we'll invite them on your behalf.

**Plus!** you will go in the draw to win a \$250 David Jones Shopping Voucher\*

#### WHAT DOES THIS MEAN FOR YOU?

- Additional exposure to Visitors with your company name on the invitation letter
- Access to the VIP Lounge with any client you nominate
- Go in the draw to win a \$250 David Jones Shopping Voucher\*

#### WHAT DOES THIS MEAN FOR VISITORS?

- Automatic registration to the Fair
- A personalised letter advising them who nominated them as a VIP
- Personal phone call from the VIP Team to confirm attendance
- Access to the onsite VIP Lounge where complimentary refreshments are served

**For the Fair to work for you, you need to work the Fair!**

\*To be eligible to go into the draw to win a \$250 shopping voucher at David Jones, nominate a minimum of 6 VIP Visitors and providing one of the Visitors attends the Fair 4-6 February 2009 you will automatically be entered. Prize winners will be notified by mail after the Fair concludes. For full terms and conditions visit [www.aiff.net.au](http://www.aiff.net.au)

NSW Permit Number LTPM/08/00738

## VIP NOMINATION FORM

### VIP CONTACT DETAILS

To have your clients involved in this Program, simply list who you wish to nominate (Max 8 per company)  
(Please provide the following details for each person, \* indicates required information)

1. \*Full Name: \_\_\_\_\_  
\*Company: \_\_\_\_\_ \*Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_
2. \*Full Name: \_\_\_\_\_  
\*Company: \_\_\_\_\_ \*Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_
3. \*Full Name: \_\_\_\_\_  
\*Company: \_\_\_\_\_ \*Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_
4. \*Full Name: \_\_\_\_\_  
\*Company: \_\_\_\_\_ \*Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_
5. \*Full Name: \_\_\_\_\_  
\*Company: \_\_\_\_\_ \*Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_
6. \*Full Name: \_\_\_\_\_  
\*Company: \_\_\_\_\_ \*Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_
7. \*Full Name: \_\_\_\_\_  
\*Company: \_\_\_\_\_ \*Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_
8. \*Full Name: \_\_\_\_\_  
\*Company: \_\_\_\_\_ \*Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_

### EXHIBITOR DETAILS

COMPANY NAME: \_\_\_\_\_

NAME OF THE PERSON WHO COMPLETED THIS FORM: \_\_\_\_\_

**Return fax to 03 9654 5596 IMMEDIATELY**