

15-17 SEPTEMBER, 2016

Halls 5 & 6 – Sydney Showground, Sydney Olympic Park

VISITOR REGISTRATION FORM

Please indicate which shows you will be attending: ONV Visual Impact ONP POPAI Both

Mr/Mrs/Miss/Ms First Name _____ Last Name _____

Company _____

Address _____

Suburb _____ State _____ Postcode _____ Country _____

Telephone _____ Mobile _____

Email _____

Are you a POPAI Member? K01 Yes K02 No

Are you attending the POPAI Marketing @ Retail Summit? L01 Yes L02 No

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"/> C17 Account/ Key Account Manager <input type="checkbox"/> C18 Account Director <input type="checkbox"/> C19 Brand/ Senior Brand Manager <input type="checkbox"/> C20 Category Manager <input type="checkbox"/> C03 CEO/Director/MD <input type="checkbox"/> C21 Channel Manager <input type="checkbox"/> C22 Client Services Manager <input type="checkbox"/> C23 Consultant <input type="checkbox"/> C04 Consultant/Educator <input type="checkbox"/> C24 Creative Director <input type="checkbox"/> C25 Customer Marketing Manager <input type="checkbox"/> C15 Customer Service <input type="checkbox"/> C05 Designer <input type="checkbox"/> C26 General Manager <input type="checkbox"/> C27 Group Category Manager <input type="checkbox"/> C06 Manager/Supervisor <input type="checkbox"/> C28 Marketing Director/ GM Marketing/CMO <input type="checkbox"/> C29 Marketing Manager <input type="checkbox"/> C08 Owner/Partner <input type="checkbox"/> C30 Production Manager <input type="checkbox"/> C10 Purchasing <input type="checkbox"/> C31 Retail Activations Executive/Manager <input type="checkbox"/> C11 Research & Development <input type="checkbox"/> C12 Sales & Marketing <input type="checkbox"/> C32 Sales Director/ Sales Manager <input type="checkbox"/> C33 Shopping Marketing Manager <input type="checkbox"/> C13 Technical <input type="checkbox"/> C34 Training/HR Manager <input type="checkbox"/> C14 Other _____	<input type="checkbox"/> D30 Advertising <input type="checkbox"/> D48 Agency (Creative, Research, Consulting) <input type="checkbox"/> D03 Artwork/ Graphic Design <input type="checkbox"/> D46 Architecture <input type="checkbox"/> D06 Braille & Tactile Signs <input type="checkbox"/> D49 Brand Manufacturer <input type="checkbox"/> D09 Digital & Printing <input type="checkbox"/> D10 Display <input type="checkbox"/> D11 Embroidery <input type="checkbox"/> D12 Engraving/ Laser/Etching <input type="checkbox"/> D13 Flatbed Printing <input type="checkbox"/> D33 Government Dept <input type="checkbox"/> D15 Illuminated/Signage/ Neon/LED/Light boxes <input type="checkbox"/> D50 Industry Supplier <input type="checkbox"/> D16 Laminating <input type="checkbox"/> D17 Large Format Printing <input type="checkbox"/> D36 Marketing <input type="checkbox"/> D37 Media <input type="checkbox"/> D20 Plotters/Cutters <input type="checkbox"/> D51 POP Company, Producer or Designer <input type="checkbox"/> D21 Promotional items <input type="checkbox"/> D40 Retail <input type="checkbox"/> D52 Retailer <input type="checkbox"/> D22 Routing <input type="checkbox"/> D24 Signage <input type="checkbox"/> D25 Software <input type="checkbox"/> D47 Specifier <input type="checkbox"/> D26 Sublimation <input type="checkbox"/> D27 Substrates <input type="checkbox"/> D29 Other _____

Where did you hear about Visual Impact or The POPAI Marketing @ Retail Expo?

- E01 VI eNews E13 Social Media E03 VI Magazine E07 Exhibitors/Suppliers
 E10 Direct Mail E14 Industry media E16 POPAI website E17 POPAI event email
 E15 POPAI event E11 Other (please specify) _____

Do you currently receive Visual Impact Magazine?

- F01 Yes F02 No VF03 Yes VF04 No
 If no, would you like to?

TNC Your privacy is a priority of Visual Connections and POPAI. 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 or exhibitors.

- H01 Please tick this box if you do not consent to be contacted by exhibitors and third parties.
 I01 Please tick this box if you do not consent to be contacted. Please unsubscribe.
 J01 Please tick this box if you wish to receive information about future Trade Shows in our Industries.

Please complete and return this form to:

Event Manager > PO Box 3723 Marsfield NSW 2122

Fax: +61 2 9869 0554 Email: exhibitions@visualconnections.org.au > One form per person. This form may be photocopied.

Enquiries: T: +61 2 9868 1577 > For more information or to register online visit: www.visualimpact.org.au