



TRADE DAY BUYER REGISTRATION FORM

Registration on the day is also required including scanning the Queensland Check in App

DETAILS

NAME: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

BUSINESS DETAILS:

BUSINESS NAME: _____

ADDRESS: _____

ABN: _____

PHONE: _____ FAX: _____ MOBILE: _____

EMAIL: _____

TYPE OF BUSINESS: _____

Please answer the below questions: -

1. In the past 14 days have you travelled from overseas or a COVID-19 hotspot (as declared by Queensland's Chief Health Officer) YES/NO
2. Have you been in close contact with a person who has tested positive for Covid-19 or awaiting Covid-19 test results? YES/NO
3. Are you an active Covid-19 case (i.e. tested positive)? YES/NO
4. Are you currently, or have you recently experienced cough, fever, sore throat, fatigue or shortness of breath? YES/NO

PLEASE COMPLETE AND RETURN REGISTRATION FORM TO NGIQ

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