

CONTEMPORARY TOURING INITIATIVE PROGRAM
Request to Vary Activity

Organisation details

Legal name of organisation

Australian Business Number (ABN):

Trading name

Address

PO Box address (if applic)

AND Street address

Suburb/City State/Territory Postcode

Nominated contact for Organisation

Title	<input style="width: 400px; height: 20px;" type="text"/>
First name	<input style="width: 400px; height: 20px;" type="text"/>
Last name	<input style="width: 400px; height: 20px;" type="text"/>
Position	<input style="width: 400px; height: 20px;" type="text"/>
Phone	<input style="width: 400px; height: 20px;" type="text"/>
Facsimile	<input style="width: 400px; height: 20px;" type="text"/>
Email address	<input style="width: 400px; height: 20px;" type="text"/>

What do You wish to vary about Your Activity?

Note: You can tick more than one, however You should address each requested Variation separately.

Itinerary	<input type="checkbox"/>	
Activity End Date	<input type="checkbox"/>	
Budget	<input type="checkbox"/>	
Specified Personnel	<input type="checkbox"/>	
Date to submit Final Report	<input type="checkbox"/>	
Other: please specify	<input type="checkbox"/>	

Please provide reasons for each requested variation:

Will Your proposed variation have an overall impact on the Exhibition? Please provide details

CERTIFICATION

1. I certify that the details supplied in this Request to Vary Activity Form are true and correct to the best of my knowledge and that this variation is being sought with the full knowledge and agreement of the organisation management.
2. I certify that the requested variation/s will not impact on the Activity in any way that makes the Activity non-compliant with the Contemporary Touring Initiative Program Guidelines or Objectives.
3. I understand that the Commonwealth will consider this request but that it is under no obligation to approve the variation/s. I understand that no Variation will be binding on the Commonwealth unless and until the Commonwealth provides agreement in writing.

.....

Signed

.....

Print name

.....

Position/title

.....

Date

SECRETARIAT USE ONLY

Date received:

Date approved/not approved:

Date Variation sent to organisation for signature:

Date Variation returned from organisation signed:

Date Variation signed by Commonwealth:

Date signed Variation returned to organisation:

Decision: