



EXHIBITOR INFORMATION

Order Contact: _____ Telephone: _____ Mobile: _____
Order Contact Email: _____
Company Name: _____
Listing Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Fax: _____
Website: _____ Twitter: _____
Booth Contact: _____ Telephone: _____ Mobile: _____
Booth Contact Email: _____
Booth Design Firm: _____

BOOTH FEE:

100 sq. ft. & Under: It is mandatory that all booths 100 sq. ft. or less are required to purchase white hard walls. This amount is included in the pricing below, competitively priced and will make booth installation easy. All pricing excludes HST tax. **NOTE: All booths with hard walls included will have a different move-in time than outlined on the move-in schedule.**

5' x 10' = \$2760 + HST 10' x 10' (inline) = \$5040 + HST 10' x 10' (corner) = \$4940 + HST

Over 100 SQ FT:

BOOTH SIZE PREFERENCE:

10' x 15' 10' x 20' 20' x 20' 20' x 30' Unique Shaped Booth

Regular Rate: \$36/sq. ft.

*Corner fees are \$380 and are applicable on spaces 400 sq. ft. and under with open corners. (0-200 sq.ft. all corners are applicable; 201-400 sq.ft. 2 corners are applicable)

BOOTH PREFERENCES:

1. _____ 2. _____ 3. _____

BOOTH DESIGN CRITERIA:

As a design fair, it is expected that attention be given to the booth design and presentation of product. Items to consider (but not limited to): overall design aesthetic, merchandising, wall treatment, flooring and lighting. Priority and preference will be given to exhibitors who design new booth spaces and who use professional interior designers/architects for the design of their exhibit space. The name of the firm should be included with the proposed design. **You must submit your booth design before your space can be confirmed. Main aisle locations will only be provided to new booth designs.** No overhead trade banners are permitted. Suspended installations and lighting are welcome, please send to management for approval.

PAYMENT: By providing your credit card information below and signing this application, you hereby request and authorize Show Management to automatically charge the credit card set forth below in the amounts and on the dates listed in page 2 of this application. You hereby agree and acknowledge that all such charges are valid and accurate. You agree you will not dispute any such charges with your credit card company and hereby release Show Management from any and all claims in respect thereof. If, any time, your credit card is declined for any reason whatsoever you agree upon our notification to promptly provide an alternative form of acceptable payment. Failure to do so could result in late fees and/or penalties. **A deposit of 20% is required. If the deposit is not attached, the application will not be processed.**

Yes, I will be sending the remainder of my payment by cheque (payable to "Informa Canada Inc.")

Please debit VISA / AMEX / MASTERCARD. **MUST FAX ALL PAGES TO 416-927-0862 (Do not email application)**

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

For this application to be valid all pages must be signed and sent by fax to 416-927-0862 (DO NOT EMAIL)

