

CAMROSE REGIONAL TRADE SHOW

Exhibitor Contract

We hereby make an application for exhibit space in the Camrose Regional Trade Show under the management of the Camrose Regional Exhibition. We will abide by the Rules and Regulations as outlined and as maybe instituted by the discretion of the Camrose Regional Exhibition to benefit the efficient and effective management and operation of the Camrose Regional Trade Show. We understand the allocation of space is at the absolute discretion of the Camrose Regional Exhibition hereinafter referred to as the Management. We are fully aware of the Cancellation Policy that is implemented for the Camrose Regional Trade Show. Furthermore, we agree to have our space completely setup by 11:00 a.m. on the first day of the show to facilitate final set-up.

Company Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____

E-mail Address _____

Contact Person _____

Signature _____ Date _____

Specify products or services to be displayed _____

SPACE REQUESTS

| | |
|-------|---|
| Price | Booth Type (please check) |
| \$400 | <input type="checkbox"/> A 10' x 10' |
| \$450 | <input type="checkbox"/> B 10' x 10' Corner Booth |
| \$575 | <input type="checkbox"/> C 10' x 20' |
| \$650 | <input type="checkbox"/> D 20' x 20' |
| \$800 | <input type="checkbox"/> E 20' x 30' |

Prices include GST GST #118828128

CANCELLATION POLICY

All cancellations must be received in writing. A refund will be issued for cancellations received by February 1st less a 25% processing fee. There will be no refunds for cancellations received after February 1st.

EXHIBITOR PASSES

If you require more than three exhibitor passes please request additional passes at this time.

Additional passes required: _____ @ \$3.00 each = \$ _____

Booth Location

The Show committee will allot a booth to you in order to accommodate the best setup for our show. You will receive your booth number upon arrival to setup for the show.

ADVERTISING YES NO

Please check YES or NO above to confirm authorization to allow your name to be released to local advertising businesses for your own potential advertising purposes.

FINANCIAL TERMS

FULL PAYMENT must accompany contract. Please make cheques payable to Camrose Regional Exhibition.

We have enclosed payment in the amount of \$ _____.

Mastercard/Visa # _____ Exp. Date _____

Camrose Regional Exhibition
4250 Exhibition Drive
Camrose AB T4V 4Z8

Phone: (780) 672-3640 Fax: (780) 672-8140

For Office Use Only

Number _____ Type _____ Total \$ _____

Paid by _____ Date _____

Receipt# _____ Authorized by _____