

# CAMROSE REGIONAL TRADE SHOW

Exhibitor Contract - 2017

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 (FRIDAY - March 10, 2017) of the show to facilitate final set-up.**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ Permission to email: Yes \_\_\_\_\_

Contact Person \_\_\_\_\_

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

Specify products or services to be displayed \_\_\_\_\_

**All products or services being displayed in your booth must be disclosed and clearly defined at time of entry. Failure to do so may result in removal of non-disclosed goods/services.** You also must grant us permission to email you - as that is how your confirmation and other information will be sent to you.

**\* By signing this contract - you are indicating that you have READ all the rules and regulations and agree to abide by those rules and regulations set out. COMPLETED ENTRIES MUST INCLUDE:** Contract with signature , Payment, Insurance Papers and AHS Temporary Food Vendor Forms (applicable to food vendors/vendors handing out samples)

SPACE REQUESTS	BOOTH LOCATION																
<table><thead><tr><th>Price</th><th>Booth Type (please check)</th></tr></thead><tbody><tr><td>\$400</td><td><input type="checkbox"/> A 10' x 10'</td></tr><tr><td>\$450</td><td><input type="checkbox"/> B 10' x 10' Corner Booth</td></tr><tr><td>\$575</td><td><input type="checkbox"/> C 10' x 20' Closed</td></tr><tr><td>\$625</td><td><input type="checkbox"/> D 10 x 20' Corner</td></tr><tr><td>\$675</td><td><input type="checkbox"/> E 10 x 20' Open (both sides)</td></tr><tr><td>\$725</td><td><input type="checkbox"/> F 20' x 20'</td></tr><tr><td>\$975</td><td><input type="checkbox"/> G 20' x30'</td></tr></tbody></table>	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' Closed	\$625	<input type="checkbox"/> D 10 x 20' Corner	\$675	<input type="checkbox"/> E 10 x 20' Open (both sides)	\$725	<input type="checkbox"/> F 20' x 20'	\$975	<input type="checkbox"/> G 20' x30'	<p>The Show Management will allocate a booth to you in order to accommodate the best setup for our show.</p> <p>You will receive your booth number upon arrival to setup for the show.</p> <p>NEW: Please refer to the Health &amp; Safety Requirements in your Confirmation regarding move-in/move out.</p>
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<p>Prices include GST GST #118828128</p>	<p><b>NOTE: ALL EXHIBITORS MUST BE COMPLETELY MOVED OUT BY: NO LATER THAN NOON ON MONDAY - March 13th</b></p>																
<p><b>CANCELLATION POLICY</b></p> <p>All cancellations must be received in writing. A refund will be issued for cancellations received by February 28<sup>th</sup>, 2017, less a 25% administration fee. There will be no refunds for cancellations received on or after March 1<sup>st</sup>, 2017.</p>																	
<p><b>EXHIBITOR PASSES - (Two passes will be allocated per exhibitor - regardless of booth size).</b></p> <p>If your require more than two exhibitor passes please request additional passes at this time.</p>																	
<p>Additional passes required: _____ @ \$5.00 each = \$ _____ (to a maximum of 4 additional)</p>																	

**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 \_\_\_\_\_

<p>Camrose Regional Exhibition 4250 Exhibition Drive - Camrose, AB T4V 4Z8 Phone: (780) 672-3640 Fax: (780) 672-8140 email: marilyn@cre.ab.ca</p>	<p><b>For Office Use Only</b></p> <p>Number: _____ Type _____ Total \$ _____ Paid by: _____ Date: _____ Receipt # _____ Authorized by: _____</p>
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