

Fort McMurray
2010 Women's Show

MAY 14-16, 2010

SYNCRUDE SPORT & WELLNESS CENTRE
EXHIBITOR SPACE APPLICATION FORM

EXHIBITOR NAME: _____
 BUSINESS NAME: _____
 CONTACT PERSON: _____
 TITLE: _____
 ADDRESS: _____
 TOWN/CITY: _____ PROVINCE: _____
 POSTAL CODE: _____ HM: _____
 BUS: _____ CELL: _____ FAX: _____
 EMAIL: _____
 WEBSITE: _____ (please print)

Booth # Requested: _____

PAYMENT OPTION:
 AMEX M/C VISA
 CREDIT CARD#: _____
 EXPIRY DATE: _____ CCV-Security Code _____
 NAME ON CARD: _____
 SIGNATURE: _____

Date: _____
 Sales Rep: _____
 Special Instructions/Notes: _____

APPROVED:
 Booth # _____
 FOR OFFICE USE ONLY

Exhibitor Rates:
 (GST not included)
 Booth Size 5' x 10' \$650.
 Booth Size 10' x 10' \$950.
 Extra Tables, Chairs, Power and Other
 Display Accessories are to be ordered
 from Superior Show Service

Exhibit Rates Include the Following:
 8' High Backwall Drape
 4' High Sidewall Drape
 1- 8' Decorated Table
 2-Folding Chairs
 1-800 Watt Electrical Outlet

BOOTH RENTAL CALCULATOR:

_____ 5' x 10'	\$650. =\$ _____
_____ 10' x 10'	\$950. =\$ _____
Fashion Show/Seminar or Workshop Presentation	\$300. =\$ _____
SUBTOTAL	= \$ _____
5% GST	= \$ _____
BALANCE DUE	= \$ _____

Yes I am interested in:

Main stage Demonstration or Seminar (attach outline).....	<input type="checkbox"/>
Participating in the Fashion Show (fill out attached application form)...	<input type="checkbox"/>
Donating a prize for the Grand Prize Draw.....	<input type="checkbox"/>
Being a Women's Show Sponsor.....	<input type="checkbox"/>
Registering for Christmas Shopping Market.....	<input type="checkbox"/>

PRODUCTS / SERVICES YOU WILL DISPLAY: _____

 BRAND NAME: _____

 M.L.M. YES NO
 IF YES HAVE YOU OBTAINED PERMISSION TO EXHIBIT?
 YES NO NOT REQUIRED

**By signing this form I agree to the Terms and Conditions
 WHEN COMPLETED PLEASE FAX TO : 403-590-7581