



Company _____

Mailing Address _____

Contact Name _____

Phone _____ Fax _____

Email (required) _____

Products to be displayed _____

Include a picture if you are a new exhibitor. _____

8ft x 10ft.(with power) \$320 (without power) \$300 \$ _____

Booths Required 4.5ft. x 20ft.(with power) \$320 (without power) \$300 \$ _____

Food/Concession (with power) \$347.50 (without power) \$327.50 \$ _____

Do you require one (1) table included in both fee? Yes ___ No ___

Do you require chairs (2 max) included in booth fee? Yes ___ No ___

Sub-total \$ _____

Plus 15% HST (No 873491807) \$ _____

Total \$ _____

Please make cheques payable to **Darwin Event Group**

50% non -refundable deposit due with registration.

Cheque Visa Mastercard \$ _____

Balance due September 15, 2016 \$ _____

I have read and agreed to the terms and conditions attached.

Agreement this ___ day of _____ (month) _____ year

X _____
(authorized signature)

Use your Visa Mastercard Expiry Date _____

Card Number _____ Name _____

50% deposit due with registration and balance on September 15, 2016

Signature of Card Holder _____