

Wedding Show Part 4

Saturday, February 6, 2010 10 - 6pm
Deerfoot Inn & Casino • Free Admission • Free Parking

Exhibit space application form

Company Name: _____
Address: _____
City: _____ Province: _____ Postal code: _____
Contact name: _____ Title: _____
Phone: _____ Cell: _____ Fax: _____
Email: _____ Web: _____

Exhibitor on site contact:

Name: _____ Title: _____
Phone: _____ Cell: _____ Email: _____

In order to complete an Exhibit Space Contract, please give a full description of the products/services you wish to exhibit. Brand names and other company affiliations or identifications must be listed: New exhibitors - # of Booths: _____ Returning exhibitors - # of Booths: _____

Special Exhibit Requirements. Please check if needed.

_____ Alcoholic Beverage sampling _____ Food Sampling _____ Electrical _____ Gas* _____ Water*
_____ Drainage* _____ Internet* _____ Other* Please specify: _____

* extra fees applicable

BOOTH COSTS: \$550.00 + \$27.50 gst = \$577.50 (per booth)

NOTE: This application form must be returned with a 50% deposit of your booth fee for space to be allocated. Acceptance of this application and deposit by show organizers does not constitute an offer of space or facility. Corner booths are first come first serve. Full payment is required to hold a corner booth.

IMPORTANT DEADLINES FOR RETURNING EXHIBITORS:

•Application and deposit deadline for returning exhibitors is November 30, 2009. •Full payment must be received by January 31, 2010

IMPORTANT DEADLINES FOR NEW EXHIBITORS:

•Application and deposit deadline for NEW exhibitors is December 30, 2009. •Full payment must be received by January 31, 2010

Exhibit space cancellation policy for exhibitors: Once an exhibit space contract has been issued, cancellation of any or all of the exhibit space requested must be submitted in writing or email BEFORE December 30, 2009. If the cancellation has not been made before that date DME Inc. is entitled, as operators of the Wedding Show Part 4, to a cancellation fee of 25% of the rental value of the space for which cancellation is requested. DME Inc. will apply any deposit received against such cancellation charges and refund you any surplus or, alternatively, claim the balance to which it is entitled from you at that time. No Cancellation shall be permitted AFTER January 13th, 2010. The exhibitor will be responsible after that date for the full amount of the exhibit space rental and any collection costs associated therewith as reasonably determined by DME Inc.

PAYMENT: We accept Visa, Mastercard, Cheque, Cash.

of Booths _____ @ \$ _____ /per booth + 5% gst _____ = Total fees \$ _____

PLEASE PLACE OUR DEPOSIT of \$ _____ (includes 5% gst) on:

Card # _____ Expiry date: _____ Card Security Code (SCS) # _____



Card holder's name: _____ Signature: _____

Or cheque # _____ Date sent: _____

Balance owing \$ _____ Requested booth numbers: _____



Mail application to: #1, 3617 Blackburn Road SE Calgary, AB T2G 4A3 or Fax to: 403.236.0524