



# CITYPARENT FAMILY SHOW

## EXHIBIT SPACE APPLICATION FORM

The undersigned, (hereinafter called the "Exhibitor"), hereby applies for space in the CityParent Family Show Saturday & Sunday Feb., 6th-7th, 2010 at the Royal Ontario Museum. Exhibitor agrees to abide by the Terms and Conditions of this Space Application Form, and the rules and regulations contained in the Exhibitor Manual.

Company \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Prov. \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Ext \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

**THIS SECTION MUST BE FILLED OUT OR APPLICATION IS VOID. PRODUCTS/SERVICES TO BE DISPLAYED.** Please indicate brand names.

NOTE: Only those products listed and approved by show management will be allowed to be displayed.

Subletting Space: Subletting is prohibited. No Exhibitor shall assign, sublet or apportion the whole or any part of the space allotted, or have representatives' equipment or materials from other than its own firm in the said space without the written consent of Show Management. \*An 8' height restriction is enforced.

**Please reserve the following exhibit space as shown on the official floor plan:**

SPACE TYPE	RATE	COST
<input type="checkbox"/> 10' X 10' DISPLAY AREA	\$999.00	
<input type="checkbox"/> 10' X 20' DISPLAY AREA	\$1499.00	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> HYDRO (based on availability)	\$100.00	

Booth cost includes draped back and sidewall, table and chairs.

Booth cost does not include hydro or other furnishings.

**No balloons or open flames permitted. No booth sharing. One company per exhibit.**

**Balance due prior to show.**

**PLEASE MAKE CHEQUES PAYABLE TO CITYPARENT**

Total Space

GST (5%)

Sub Total

Less Deposit

Balance

\$

\$

\$

\$

\$

**I/We hereby apply for exhibit space. If accepted, I/we hereby agree to abide by the show rules and regulations**

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

VISA    AMERICAN EXPRESS    MASTERCARD    CHEQUE

Credit Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Signature \_\_\_\_\_

..... PLEASE DO NOT WRITE BELOW THIS LINE .....

**ACCEPTANCE OF CONTRACT**   DEPOSIT RECEIVED \$ \_\_\_\_\_

**THE APPLICATION FOR EXHIBIT SPACE HAS BEEN ACCEPTED AND EXHIBIT SPACE HAS BEEN ASSIGNED AS FOLLOWS:**

Space No.(s) \_\_\_\_\_ Sales Rep. \_\_\_\_\_

**BOOTH CONFIRMED WITH EXHIBITOR OR CONTACT PERSON**

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



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