

**Exhibitor Application
for the 3rd Annual
Pure-Health Show
2006**

Centennial Hall ~ London, Ontario ~ Saturday, March 4th, 2006

Company Name _____

Contact Person _____

Address _____

City _____, Province _____ Postal Code _____

Phone: () _____ Fax: () _____

Email: _____

Products & Services To Be Displayed and/or Sold: _____

BOOTH SPACE:

* booth costs inclusive of pole and drape, skirted table and two chairs

9 1 to 3 10' x 10' booths* \$350.00 each

9 4 or more 10' x 10' booths* \$300.00 each

9 110 Volt Electrical Outlet # Req'd _____ \$ 50.00 each
(\$75.00 if ordered the day of the show)

9 point of sale terminal (debit and credit card) Information provided upon request

9 Exhibitor services as provided by Grafica See attached article - "Visual Merchandising"

Method of payment:

Please make cheques payable to: **Pure-Health Show**

Mail to: **604 Oxford Street East, London, Ontario N5Y 3J1**

Phone: (519) 642-7800

Fax : (519) 642-4656

@ REGISTER EARLY AND SAVE!

Register and pay in full by **December 15th** and save **\$50.00 off** the cost of a 10 x 10 booth.

Payment is due in full before exhibition space can be confirmed.

No sub-leasing of exhibit space without the consent of the show producer.

Cancellation Policy: Exhibitor fees are non-refundable in the event of cancellation. A full refund will be granted for cancellations received in writing no later than 45 days prior to the show, minus a \$150.00 administration fee.

Please note: Space selections and confirmed assignment will be prioritized in the order in which exhibitor contracts and payment in full are received.

*I have read and agree to the Terms and Conditions of this contract and agree to abide by all show regulations as outlined.
A facsimile of this contract is binding.*

Applicant's Name (Please Print)

Applicant's Signature

Date

Authorized Show Management Name

Authorized Show Management Signature

Date