

EXHIBIT SPACE APPLICATION & CONTRACT

Grocery Innovations Canada | 105 Gordon Baker Rd. Suite 401 North York, Ontario, M2H 3P8 | Tel: 416.492.2325 | Fax: 416.492.2347 | www.groceryinnovations.com

Step 1: Company Information

** Company information **exactly** as it should appear in the Official Show Guide **

Company: _____
 Contact: _____ Position: _____
 Address: _____
 City: _____ Province/State: _____ Country: _____ Postal: _____
 Phone: _____ Mobile: _____ Website: _____
 E-mail: _____ Date: _____

Booth Coordinator

Same as Above

The booth coordinator will be contacted for all matters related to exhibiting including invoices, payment, form submission reminders etc.

Company: _____ Contact: _____
 Telephone: _____ E-mail: _____

*SIGNATURE:

*Acceptance: The exhibitor has read the Exhibit Rules and Regulations of this Exhibit Space Application and Contract. This Contract is binding upon acceptance of the applicant and Show Management, and may be executed and delivered by facsimile and a facsimile signature shall be treated as an original. Contract not valid unless signed.

Primary Business

- Broker Distributor or Importer
- Equipment or Store Supplies
- Government
- Industry Association or Consultant
- Manufacturer
- Wholesaler
- Other (specify) _____

*please check all boxes that apply

Indicate below, the **Product Categories** you represent (i.e. confectionery, food equipment, pet food, etc.)

Indicate your **Primary Competition**

Step 2: Space Requirements

Minimum booth size: 10' x 10' or 100 sq.ft.

*Indicate your top 3 choices in order (see floor plan) Reserve _____ square feet

1. _____ 2. _____ 3. _____

Step 3: Rental Rates & Costs

	Rebook Rate Before November 29, 2019		Standard Rate After November 29, 2019	
	Member	Non-Member	Member	Non-Member
100 - 400 sq.ft.	\$23.00	\$26.00	\$26.00	\$29.00
500 - 1000 sq.ft.	\$22.50	\$25.50	\$25.50	\$28.50
1000+ sq.ft.	\$22.00	\$25.00	\$25.00	\$28.00

Sq. Ft. _____ X Rate \$ _____ = \$ _____

No. of corners _____ X \$195 = \$ _____

Subtotal = \$ _____

13% HST (R105201024) = \$ _____

Total Rental Cost = \$ _____

Step 4: Payment Method & Schedule

Cheque enclosed VISA MasterCard Wire Transfer

Credit Card Number _____

Expiry Date _____ / _____ Name on Credit Card _____

Booking **AFTER** May 29, 2020

► Full payment due with contract.

Booking **BEFORE** May 29, 2020

► 50% deposit due with contract, 50% balance due May 29th, 2020

I give permission to process final installment on, or shortly after May 29, 2020 with the same card on file.

I give permission to process full payment immediately

AUTHORIZATION SIGNATURE

NOTE: If the 50% deposit is not received within 30 days of the invoice date, this contract will be considered null and void.

Step 5: Submit Signed Contract

Fax: 416-492-2347 | Email: RTaylor@cfig.ca

Information collected is used for registration, demographic & marketing purposes.

For internal use only

Date _____ Booth Number _____ Approved By _____

Booth Dimensions _____ Total Booth Size _____

Complete Subtotal _____ Total Booth Costs _____