WOMAN'S WORLD

Trade, Display & Public Relations Booth Space

PLEASE COMPLETE AND FAX OR MAIL TO THE LOCATION BELOW.

SASKATOON SHOW - Oct.12, 13, 14 - 2012

Credit Union Centre
#101-3515 Thatcher Ave, Saskatoon, SK S7R 1C4
To apply for registration please fax completed form to:
(306) 975-2907 and/or email application to b.swid@creditunioncentre.com

Business Name:			City / Town:
Address:			Postal Code:
Primary Contact:			Title:
Ph. #:	Fax:	E-Mail:	
Secondary Contact:			Ph. #:

Standard Booth includes 110 power, pipe, drape or alternate divisional materials; one skirted and covered table & 2 chairs with each paid 10x10 or 10x20 booth. Aisle sections carpeted. Booth carpet (optional) at client's expense.

Booth Rate:

(A) _____**10 x 10 Booth Space** at $595.00 = $ _____

(B) _____**10 x 20 Booth Space** at $795.00 = $ _____

(C) _____**Corner Booth Request** add $100.00 = $ _____

GST (5%) = $ _____

Total of $ _____

Please call for Bulk Space rates and availability.
Note: This application form addresses booth requirements only;
additional needs other than booth fees will be completed on a secondary detail sheet and invoiced separately.

REMINDER TO BOOK
The Man Show
SASKATOON 2013

Payment Method and Options:

(Note: Funds held by Credit Union Centre)
Cheques and Credit Cards payable to: **Credit Union Centre**

Deposit of $250/per booth is due immediately upon application.
Balance is due and payable within **60 days prior to the show**. Deposit: $ _____
No refunds will be granted upon cancellation within **30 days prior to the show**.
Balance due will be automatically processed on credit card number a minimum of 30 days prior to the show. Balance: $ _____

PAYMENT METHOD:

❑ Company Chq: ❑ MasterCard ❑ Visa ❑ Amex ❑ Cash Total: $ _____

(ALL CREDIT CARD PAYMENTS SUBJECT TO A 3% FACILITY PROCESSING FEE, APPLIED DIRECTLY TO TOTAL)

Credit Card #: _____ Exp. _____

Authorized Signature (for all payment options): _____

Please Print Signature: _____

Please clarify your exhibit's product or service: _____

Approved by: Law Enforcement Guardians Representative _____ Date: _____

PLEASE CONSIDER THIS APPLICATION AS YOUR RECEIPT.