



Exhibitor Registration Form

Canadian Celiac Association 2010 National Conference

June 4 & 5

Mail this Registration Form & Cheque to:

Canadian Celiac Association Manitoba Chapter
123 St. Anne's Road, Winnipeg, Manitoba R2M 2Z1
Cheques made payable to:
Canadian Celiac Association Manitoba Chapter

Company Exhibiting

Please print

Company name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact name: _____

Phone: _____ Fax: _____

Email: _____

Type of product being exhibited: _____

Your Company Name as you would have it appear on Trade Show sign and in Program:

- Each booth - 10' x 8' fully draped, includes one 8' skirted table with 2 chairs
- Choice of booth location upon receipt of \$200.00 deposit per booth
- First come, first served (post-mark date of registration form will determine first come, first served)
- You will be contacted to choose your booth location upon receipt of your cheque

Electrical available upon request, to be arranged through Central Display 204-237-3367 @ \$35.00 per day.

We wish to book _____ booth(s) @ \$500.00 each = \$ _____
Total # of booths

Total Deposit Enclosed \$ _____ Balance _____

This application must be accompanied by a deposit. Balance is due in full 30 days prior to the event. The undersigned is fully authorized to commit the Exhibitor to all terms and conditions of this contract. An unsigned contract will be returned. The host committee reserves the right to deny with or without cause any application for exhibit space. Their decision is final.

I have read and agree to the Terms and Conditions of the Exhibitor Contract.

Signed on _____ day of _____ 20 _____

Signature

Print name

- I agree to provide and display a door prize at my exhibit booth
- I will be providing product samples or information to be included in delegate bags
- I would like to show my support by becoming a sponsor of the CCA National Conference

FOR OFFICE USE ONLY

Date received _____ Booth(s)# _____ Accepted by _____