

## **2023 EXHIBITOR APPLICATION FORM**

COMPANY NAME:					
CONTACT NAME:					
ADDRESS:					
CITY / PROVINCE:					
PHONE:  EMAIL:  WEBSITE:					
LOCATION OF EVENT: ROY/	AL CANADIAN LEGIOI	N BRANCH 560			
6'FT TABLE	\$ <b>60.00</b> +HST	\$67.80	QUANTITY:	CHECK IF REC	\$5
OFI IADLE				CORNER	
TOTAL SUBMITTED:				WALL	\$5
				WALL+ HYDRO	\$10
We have read and acknowledge vendors liability insurance terms* Please see website for details*					
EXHIBITOR SIGNATURE:					
*Electronic "email" signatures to this Agreement are acceptable and carry with it the same full force and effect as an original signature.					
NOTE(S):		DATE:			
<ul> <li>All space includes 1 table and 1 chair.</li> <li>To confirm a reservation, this application must be accompanied with FULL PAYMENT.</li> <li>All payments are NON-REFUNDABLE and NON-TRANSFERRABLE.</li> </ul>					

- ${\bf Please\ email\ contract\ and\ payments\ via\ etransfer\ popvendors@gmail.com}$
- \* SET-UP TIME: 8AM 10AM / EVENT TIME: 10AM 3PN
- \* NO ADULT MATERIAL CAN BE DISPLAYED OR SOLD



