



DATE:

SUNDAY, JUNE 4TH, 2023

2023 EXHIBITOR APPLICATION FORM

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY / PROVINCE: _____



PHONE: _____

EMAIL: _____

WEBSITE: _____

LOCATION OF EVENT: ARDEN PARK HOTEL - 552 ONTARIO ST., STRATFORD, ONTARIO

QUANTITY:

CHECK IF REQUIRED:

TABLE SIZE: 6'FT

\$60.00 + HST

\$67.80

| |
|--|
| |
|--|

TOTAL SUBMITTED:

| |
|--|
| |
|--|

CORNER

\$5

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: _____

- All space includes 1 table and 1 chair.
- To confirm a reservation, this application must be accompanied with FULL PAYMENT.
- All payments are NON-REFUNDABLE and NON-TRANSFERRABLE.

Please email contract and payments via etransfer popvendors@gmail.com

* SET-UP TIME: 8AM - 10AM / EVENT TIME: 10AM - 3PM

* NO ADULT MATERIAL CAN BE DISPLAYED OR SOLD

