



2018 EXHIBITOR APPLICATION FORM

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY / PROVINCE: _____

**BROCKVILLE
COMIC CON**

PHONE: _____

EMAIL: _____

WEBSITE: _____

LOCATION OF EVENT: BROCKVILLE MEMORIAL CIVIC CENTRE. 100 MAGEDOMA BLVD., BROCKVILLE, ON.

TABLE SIZE	8'FT	+HST
PRICING	\$60.00	\$67.80
MAY 20		
	TOTAL:	

HYDRO	YES	NO
CORNER	YES	NO
WALL	YES	NO

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):

- The price of space includes 1 table and 2 chairs.
- To confirm a reservation, this application must be accompanied with **FULL PAYMENT**.
- All payments are **NON-REFUNDABLE** and **NON-TRANSFERRABLE**.
- Please make all payments via **E-Money Transfer to popculturecan@gmail.com**
- **PayPal accepted** (\$5.00 flat rate service fee will apply)

DATE: _____



- * **SET-UP TIME: 8AM - 10AM**
- * **NO ADULT MATERIAL CAN BE DISPLAYED OR SOLD**

