

## **2019 EXHIBITOR APPLICATION FORM**

COMPANY NAME:					
CONTACT NAME:					
ADDRESS:					
CITY / PROVINCE:					
CITI / PROVINCE:					
PHONE:					
EMAIL: WEBSITE:					
LOCATION OF EVENT: ARDEN PARK HOTEL - 552 ONTARIO ST., STRATFORD, ONTARIO					
	1				
TABLE SIZE: 6'FT		_	QUANTITY:	CHECK IF REQ	UIRED:
PAY BY AUG 1	\$50.00+HST	\$56.50		HYDRO	YES
PAY BY SEPT 1	\$60.00+HST	\$67.80		CODNED	YES
PAY AFTER SEPT 1	\$70.00+HST	\$79.50		CORNER	
TOTAL SUBMITTED:				WALL	YES
We have read and acknowledge vendors liability insur Please see website for details*					
<b>EXHIBITOR SIGNATU</b>	JRE:				
*Electronic "email" signatures to thi	is Agreement are accepto	able and carry wif	h it the same full force	e and effect as an origin	al signature
NOTE(S):		DATE			

- The price of 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 make all payments via E-Money Transfer to popculturecan@gmail.com
- PayPal accepted (\$5.00 flat rate service fee will apply)



NO ADULT MATERIAL CAN BE DISPLAYED OR SOLD





**PayPal** 

e-Transfer

