



Tradex Centre, Abbotsford, September 30 – October 2, 2010

REQUEST FOR EXHIBIT SPACE

COMPANY INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

COUNTRY: _____ POSTAL CODE/ZIP: _____

PHONE: _____ FAX: _____

WEB SITE ADDRESS: _____

CONTACT INFORMATION

MAIN CONTACT NAME: _____

CELL: _____ EMAIL: _____

SIGNATURE: _____

(Signature and / or electronic form submission denotes acceptance of the policies outlined on the Exhibit Space Rates & Policies page.)

NAME OF PERSON IN CHARGE OF EXHIBIT: _____

(Complete if different from the main contact.)

PHONE: _____ FAX: _____

CELL: _____ EMAIL: _____

BOOTH PREFERENCE

SIZE OF SPACE REQUIRED: _____ x _____

LOCATION / BOOTH PREFERENCE: See enclosed floorplan. The floorplan illustrates the general layout only. Spaces may be altered based on actual exhibitor requirements. Show management will make every effort to accommodate space and size requests. Please see the exhibit space rate sheet for booth sizing details.

1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____

Notes on space requested: _____

PRODUCTS TO BE EXHIBITED: _____

Please complete the electronic form and click submit or print, complete and fax to 604-888-2941.