

EXHIBITOR CONTRACT

NAME OF COMPANY: _____

MAILING ADDRESS: _____

TOWN: _____ POSTAL CODE: _____ CONTACT NAME: _____

PHONE: _____ FAX: _____ E-MAIL: _____

PLEASE CONSULT THE TRADE SHOW FLYER FOR RATES, OPTIONS AND SIZES
THIS CONTRACT COVERS MULTIPLE SHOWS

1-600 WATT POWER OUTLET, TABLE, CHAIRS AND TABLE COVERINGS, UPON REQUEST, ARE INCLUDED IN RENTAL COSTS, EACH VENDOR RECEIVES UP TO 4 EXHIBITORS PASSES FREE

25% DEPOSIT REQUIRED AT BOOKING MORE THAN 6 MONTH PRIOR TO SHOW DATE OR 50% REQUIRED LESS THAN 6 MONTH PRIOR TO SHOW DATE. ALL BALANCES MUST BE PAID IN FULL 60 DAYS PRIOR TO SHOW DATE. CANCELLATION REFUNDS LESS THAN 60 DAYS PRIOR TO SHOW DATE OR CREDITS ARE AT THE SOLE DISCRETION OF THE ORGANIZERS DEPENDING ON INDIVIDUAL CIRCUMSTANCES

EARLY BIRD DISCOUNT IF PAID IN FULL 3 MONTH PRIOR TO SHOW(SEE INDIVIDUAL SHOW INFO PAGE FOR DETAILS.

1) SHOW DATE: _____ SPACE _____ COST/UNIT _____ = \$ _____

SPACE SET UP IE. # TABLES, CHAIRS, POWER ECT _____

2) SHOW DATE: _____ SPACE _____ COST/UNIT _____ = \$ _____

SPACE SET UP IE. # TABLES, CHAIRS, POWER ECT _____

3) SHOW DATE: _____ SPACE _____ COST/UNIT _____ = \$ _____

SPACE SET UP IE. # TABLES, CHAIRS, POWER ECT _____

4) SHOW DATE: _____ SPACE _____ COST/UNIT _____ = \$ _____

SPACE SET UP IE. # TABLES, CHAIRS, POWER ECT _____

PLEASE MAKE ALL SUB TOTAL = \$ _____

FUNDS PAYABLE TO

ALL-RITE AUCTIONS

PO BOX 39, DAYSLAND, AB T0B1A0

GST#124051277

ADDITIONAL CHARGES = \$ _____

GST = \$ _____

WE ACCEPT CHEQUES, MONEY ORDERS, VISA & MC

TOTAL \$ _____

PLEASE COMPLETE THIS CONTRACT, SHOW RULES AND RETURN IT WITH PAYMENT

SHOW ORGANIZERS : ALL-RITE AUCTIONS LTD www.all-riteauctions.com

CONTACT SPATZI KAMIL EMAIL :spatzink@syban.net 780-374-3864

EXHIBITORS SIGNATURE: _____ TITLE _____ DATE _____

FOR ALL-RITE AUCTIONS: _____ TITLE _____ DATE _____

