



SPECIAL NEEDS FORM



FAX RETURN FORM

Fax Return # (705) 264-4401

Exhibitor: _____ Booth #: _____

Address: _____ Contact: _____

City: _____ Prov/State: _____ Postal/Zip: _____

Telephone: _____ Fax: _____

<i>Quantity/ Hours</i>	<i>Description</i>	<i>Advance</i>	<i>At Show</i>	<i>Total</i>
	Carpet	\$75.00	\$95.00	
	Tables 2.5' & 8'	N/C for first 1	\$25.00/Table	
	Tablecloths - red <input type="checkbox"/> or white <input type="checkbox"/>	\$20.00/Table	\$25.00/Table	
	Chairs	N/C for first 2	\$12.00 each	
	Plug on shared line	N/C	\$20.00	
	Dedicated 15 amp line	\$75.00	\$125.00	
	Forklift ~ Move-in/Move-Out	\$75.00	\$125.00	
	Audio and Video Equipment. Please call for quote			
	Tents, pressure washing, banners, flags, etc. Please call for quote			

Master Card # _____ Expiry Date: ____-____-____

Visa Card # _____ Expiry Date: ____-____-____

Authorized Signature: _____

Print Name: _____

Sub-Total

G.S.T.

Total

Return By Fax No Later Than May 4 , 2009