



BOOTH VACUUMING & SHAMPOOING REQUEST 2010

This form is your official invoice – please keep a copy for your records

All Prices Subject to Applicable Taxes
All Prices Subject to Change Without Notice

EVENT #: 24592

EVENT INFORMATION:

 EVENT NAME: THE NATIONAL FRANCHISE & BUSINESS OPPORTUNITIES SHOW

 BOOTH NUMBER:

 EVENT DATES: APRIL 24 – 25, 2010

DATES VACUUMING REQUIRED: _____

CUSTOMER INFORMATION:

COMPANY NAME: _____

COMPANY ADDRESS: _____

Street	City	Province/State	Postal/Zip Code
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CONTACT NAME: _____ TELEPHONE #: () _____

E-MAIL: _____ FAX #: () _____

BOOTH CARPET VACUUMING – EXHIBIT BOOTHS 200 SQ. FT. (10' X 20') OR UNDER					
	NUMBER OF DAYS		UNIT AMOUNT	TOTAL AMOUNT	Vancouver Convention Centre Use Only
<input type="checkbox"/> DISCOUNT RATE UP TO 7 DAYS PRIOR TO MOVE-IN.	_____	X	\$ 20.00	= _____	
<input type="checkbox"/> STANDARD RATE UNDER 7 DAYS PRIOR TO MOVE-IN.	_____	X	\$ 29.00	= _____	

BOOTH CARPET VACUUMING – EXHIBIT BOOTHS OVER 200 SQ. FT.						
	TOTAL Square Feet		NUMBER OF DAYS	UNIT AMOUNT	TOTAL AMOUNT	Vancouver Convention Centre Use Only
<input type="checkbox"/> DISCOUNT RATE UP TO 7 DAYS PRIOR TO MOVE-IN.	_____	X	_____	X	\$ 0.18	= _____
<input type="checkbox"/> STANDARD RATE UNDER 7 DAYS PRIOR TO MOVE-IN.	_____	X	_____	X	\$ 0.25	= _____

BOOTH CARPET SHAMPOOING						
	TOTAL Square Feet		NUMBER OF DAYS	UNIT AMOUNT	TOTAL AMOUNT	Vancouver Convention Centre Use Only
<input type="checkbox"/> DISCOUNT RATE UP TO 7 DAYS PRIOR TO MOVE-IN. MINIMUM \$35.00 PER BOOTH/SHAMPOO	_____	X	_____	X	\$ 0.24	= _____
<input type="checkbox"/> STANDARD RATE UNDER 7 DAYS PRIOR TO MOVE-IN. MINIMUM \$35.00 PER BOOTH/SHAMPOO	_____	X	_____	X	\$ 0.29	= _____

PAYMENT INFORMATION:

Make Cheques Payable to:

**Vancouver Convention Centre
1055 Canada Place
Vancouver, B.C. Canada
V6C 0C3**

To fax your form or for further inquiries:

Call (604) 647-7206
Fax (604) 647-7325
SUB TOTAL
5% GST (#R100432764)
Discount Rate applicable up to 7 days prior to move-in date. Make all payments in Canadian Funds. All orders must be accompanied by payment.
TOTAL CANADIAN

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Bank Wire Transfer (Add \$10.00 Service Charge to total) _____ | | |

Credit Card Number: _____ Expiry Date: _____

Print Name as it Appears on Card: _____

I hereby authorize the Vancouver Convention Centre or its agents to perform the service(s) described above and agree to assume complete responsibility for all charges for service.

Authorized Signature: _____

Print Name and Title of Authorized Representative