

Section 1 Show and Company Information

Event:		Event Date:	
Company Name:			
Address:			
City:	Province/State:	Postal Code/Zip Code	
Phone:	Ext:	Fax:	
Email:		Contact Person:	
Signature:		Date:	
Booth #:		SQ. FT.:	

NOTE:

- Rates (includes cleaning of floors and emptying wastebaskets nightly)
- Additional charges would be pending for carpet in need of special attention due to food sampling demonstration, wood, metal or form shavings, grease or oil.
- Porter service and additional exhibit cleaning is also available please call for arrangements.
- Please insure any protective floor covering is removed by 6:00pm on the last move in date. Caldas will not be responsible for removal of floor covering.

Section 2 Initial Cleaning Information (Initial cleaning is done the night before first show day opening)

100 – 600 sq. ft	\$0.17/sq.ft. x		x	1 Day	= \$	
601 – 1000 sq. ft	\$0.15/sq.ft. x		x	1 Day	= \$	
1001 and over sq. ft	\$0.13/sq.ft. x		x	1 Day	= \$	

Section 3 Nightly Cleaning Information (Must be more than one clean. Please list which nights under required cleaning dates.)

100 – 600 sq. ft	\$0.14/sq.ft. x		x	Days	= \$	
601 – 1000 sq. ft	\$0.12/sq.ft. x		x	Days	= \$	
1001 and over sq. ft	\$0.09/sq.ft. x		x	Days	= \$	
Carpet Shampooing	\$0.27/sq.ft. x		x	Days	= \$	
Rental of 35 gallon Waste Container.....	\$11.00/per day x		x	Days	= \$	
Double-Sided Cloth Tape 36mm x 55m (1 ½" x 108') roll	\$16.00/per roll x				= \$	
Please list any special requirements and/or services required (subject to additional charges)			SUBTOTAL		\$	
			H.S.T. #R866253842		13%	
			TOTAL		\$	
Required cleaning dates:						

Section 4 Payment Information

All orders must be received and paid in full as least 7 days prior to move in date. A 20% surcharge will be added to all orders received after this date. Incomplete orders cannot be processed. CALDAS reserves the right to adjust orders not calculated accurately or received after the deadline date. Bank transfers please add \$25.00 bank charge to your payment.

Payment: ☐ Visa ☐ Cheque (Payable to Caldas Building Services Inc.)

Card # _____ Expiry Date: ____/____

CARDHOLDER NAME: _____ SIGNATURE: X _____

I AUTHORIZE CHARGING ANY UNPAID BALANCE TO MY CREDIT CARD