

# 2010 EXHIBITOR SPACE APPLICATION

CANADIAN INTERNATIONAL TURFGRASS CONFERENCE & TRADE SHOW

FEBRUARY 26 TO MARCH 2, 2010 | TORONTO, ONTARIO

## GENERAL INFORMATION

Company Name \_\_\_\_\_

CONTACT PERSON to whom all exhibit information & queries are to be directed \_\_\_\_\_

Address \_\_\_\_\_

City, Province / State \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

BOOTH NAME as you want it to appear in the on site directory \_\_\_\_\_

The above information will be used, as presented, in the Show Directory if this contract is received before January 15, 2010.

## BOOTH PREFERENCE (in order 1 – 3) | Single booths are 10' x10'

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

PRODUCT / SERVICE TO BE DISPLAYED\* \_\_\_\_\_

\*This description will be printed in the Show Directory if received before January 15, 2010. Maximum 25 words.

If possible, please DO NOT locate us near the following companies. (products / services). \_\_\_\_\_

If possible, please LOCATE us near the following companies (product / services). \_\_\_\_\_



## BOOTH PAYMENT

All booth units are 100 square feet (10' x 10')

Up to 400 sq. ft.	\$17.50 / sq. ft.
500 – 900 sq. ft.	\$16.95 / sq. ft.
1000 – 1500 sq. ft.	\$16.40 / sq. ft.
Over 1500 sq. ft.	\$15.40 / sq. ft.

## NonMember

\_\_\_\_\_ x \$ \_\_\_\_\_ x 100 sq. ft. = \_\_\_\_\_ SUB TOTAL (A)

Number of 10'x10' Booths Price per sq. ft.

## CGSA / OGSA Member

DEDUCT 10% (of line A) if CGSA or OGSA Member

\_\_\_\_\_ - \$ \_\_\_\_\_ = \_\_\_\_\_ SUB TOTAL (B)

TOTAL of line A 10% of line A

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ 5% GST

SUB TOTAL A or B

\_\_\_\_\_ = \_\_\_\_\_ (Canadian Dollars) TOTAL

TOTAL AMOUNT ENCLOSED

50% of the total fee is due with the contract. This document is your invoice and contract. Full payment must be received by November 30, 2009.

Cheque Enclosed (payable to CGSA)  or Bill my credit card for the amount of \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Check One  MasterCard  VISA  AMEX

Signature \_\_\_\_\_

I HAVE READ THE RULES & REGULATIONS AND THE TERMS & CONDITONS PRINTED ON THE REVERSE OF THIS DOCUMENT

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Send to Bill Garrett, CEM, CGSA, 5520 Explorer Drive, Suite 205, Mississauga, ON L4W 5L1

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Toll Free 800.387.1056