

## **2017 EXHIBITOR APPLICATION FORM**

COMPANY NAME:	ADDRESS:
CITY:	PROVINCE:
PC:	BUSINESS PHONE #:
EMAIL:	CELL PHONE #:
TWITTER HANDLE: @	FACEBOOK PAGE:
PLEASE CHECK WHICH CATEGORY APPLIES:	
□ SHOW PARTNER \$400 plus GST included with application □ STANDARD BOOTH \$200 plus GST included with application □ NOT FOR PROFIT \$50 plus GST included with application  Are You INTERESTED in SPEAKING/DEMONSTRATING AT THE EVENT?  ADD ON \$100 plus GST included with the application □ YES □ NO	
TELL US ABOUT YOUR BUSINESS OR SERVICE	
Please indicate how your business or service applies to Health & Wellness:	
If you are requesting a speaking/demonstration would like to demonstrate (this opportunity not	



### **SPACE REQUIREMENTS**

PLEASE CHECK WHAT YOU REQUIRE IN YOUR EXHIBIT SPACE:
☐ Table ☐ Chair ☐ Black Linen ☐ Power (limited availability)
• I have read and understand the terms and conditions of this opportunity. I realize that my application may not be accepted.
<ul> <li>I have read and understand the cancellation policy for the Health &amp; Wellness Expo.</li> </ul>
<ul> <li>I have read and understand that I must supply a General Liability Certificate of Insurance no later than one week prior to the expo.</li> </ul>
Payment must be made within 48 hours of receiving your application. Cheques can be made payable to The Encana Events Centre.
Signature:
Dated:

# WILL YOU BE PROVIDING FOOD TASTING IN YOUR BOOTH?

YES

☐ NO

If yes, Expo Management will contact you for further information regarding food and insurance

Return Completed Expo Exhibitor Application Via:

### **EMAIL**:

Attach or Scan your document to: jkucharuk@dawsoncreekeventscentre.com

#### FAX:

Fax completed application to 250.782.7446

Availability of booths and services will be based on the date payment is received.

### **PAYMENT INFO**

- CC IN PERSON OR BY PHONE: Judy Kucharuk: 250.795.3305
- CHEQUES PAYABLE TO: THE ENCANA EVENTS CENTRE
- **DEBIT** IN PERSON

### **ADDRESS:**

#1-300 Highway 2, Dawson Creek, BC, V1G 0A4