OCTOBER 23-25, 2009

OTTAWA Ski Show ALPINE & NORDIC

Lansdowne Park – Ottawa, Ontario
www.OttawaSkiShow.com

EXHIBIT SPACE APPLICATION

Company _____

Contact _____ Title _____

Address _____

City _____ Prov/State _____ Postal Code _____

Phone _____ Ext _____ Fax _____

E-mail _____ Web Address _____

RATE SCHEDULE

Space is leased in 10 ft x 10 ft units. The minimum amount of space available is 100 sq. ft. You may reserve in multiples of 100 sq. ft.

☐ $1295 per 10 X 10

Booth(s) Requested - Indicate booth numbers (from Floor Plan)

_____

_____

_____

_____

Final booth location is at the discretion of Show Management.

SPACE INVESTMENT & PAYMENT

10 X 10 _____ booths @ $1295 each $ _____

5% GST $ _____

Total $ _____

Deposit due with Application of $650 per 100 sq feet reserved. The BALANCE will be due on August 15, 2009. Confirmation in the form of an Invoice will be mailed.Booth(s) allocated will be indicated on Invoice.

Deposit must accompany Application. Space includes 8 ft. drape backwall but does not include electricity or furnishings.These may be ordered directly from show suppliers. No booth sharing or subletting unless approved in writing by Show.No Deposit is refundable if exhibitor cancels booth space.

We hereby apply for Exhibit Space and agree to abide by all Show Rules and Regulations.

Signature X _____ Date _____

Charge Deposit to CC Below : Authorized Amount $ _____ Initial X _____ Charge Balance Due per Invoice to CC Below on August 15, 2009 Initial X _____

Applications with Credit Card deposit payment may be faxed to 613-822-8315. Applications with cheque deposit payment are to be mailed to address below. If you prefer you may make full payment with Application. For all Applications after August 1, 2009 full payment is due with the Application.

☐ Visa ☐ Mastercard ☐ Amex ☐ Cheque (Payable to 'Summit Consumer Shows')

Credit Card No. | | | | | | | | | | | | | | | | Expiry Date _____ / _____

Card Holder's name _____ Signature _____

SUMMIT CONSUMER SHOWS

Return to: **SUMMIT CONSUMER SHOWS, 36 SHOREHAM AVENUE OTTAWA ON K2G 3T7**
Exhibitor inquiries to **YOLANDE ADAMS**
Tel : **613-829-6764,** Ext. **101** Fax : **613-822-8315**