



BOOTH VACUUMING & SHAMPOOING REQUEST 2017

This form is your official invoice – please keep a copy for your records
 All Orders Must Be Accompanied By Payment.
 All Prices Subject to Applicable Taxes
 All Prices Subject to Change Without Notice

EVENT #: 201373

EVENT INFORMATION:

EVENT NAME: BAKERY CONGRESS 2017 BOOTH NUMBER:

EVENT DATES: APRIL 23 – 24, 2017

DATES VACUUMING REQUIRED: _____

CUSTOMER INFORMATION:

COMPANY NAME: _____

COMPANY ADDRESS: _____

	Street	City	Province/State		Postal/Zip Code
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 EVENT MOVE-IN.	_____ X	\$ 25.00	=		
<input type="checkbox"/> STANDARD RATE UNDER 7 DAYS PRIOR TO EVENT MOVE-IN.	_____ X	\$ 33.00	=		

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 EVENT MOVE-IN.	_____ X	_____ X	\$ 0.23	=	
<input type="checkbox"/> STANDARD RATE UNDER 7 DAYS PRIOR TO EVENT MOVE-IN.	_____ X	_____ X	\$ 0.30	=	

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 EVENT MOVE-IN. MINIMUM \$39.00 PER BOOTH/SHAMPOO	_____ X	_____ X	\$ 0.30	=	
<input type="checkbox"/> STANDARD RATE UNDER 7 DAYS PRIOR TO EVENT MOVE-IN. MINIMUM \$45.00 PER BOOTH/SHAMPOO	_____ X	_____ X	\$ 0.35	=	

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
5.00% GST (#100432764)

Discount Rate applicable up to 7 days prior to event move-in date. Make all payments in Canadian Funds. All orders must be accompanied by payment.

	SUB TOTAL
	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 (Please inquire for additional details) |

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