

THE 19th ANNUAL WELLNESS SHOW

February 18, 19 & 20, 2011

New Vancouver Convention Centre, West Building - Exhibit Hall "C"

EXHIBITOR SPACE APPLICATION FORM

COMPANY NAME _____

ADDRESS _____

CITY / PROVINCE / STATE _____ POSTAL CODE _____

1st CONTACT _____ TITLE _____

PHONE _____ FAX & EMAIL _____

2nd CONTACT _____ TITLE _____

PHONE _____ FAX & EMAIL _____

WEBSITE _____ SIGNATURE _____

BOOTH SIZE	COST	HST	DEPOSIT REQUIRED	PLEASE <input checked="" type="checkbox"/> YOUR CHOICE
6½' X 10'	\$ 835	\$ 100.20	\$ 400	<input type="checkbox"/>
8' X 10'	1070	128.40	530	<input type="checkbox"/>
10' X 10'	1425	171.00	685	<input type="checkbox"/>
10' X 20' (2 booths)	2555	306.60	1200	<input type="checkbox"/>
10' X 30' (3 booths)	3750	450.00	1800	<input type="checkbox"/>
20' X 20' (4 booths)	4800	576.00	2400	<input type="checkbox"/>
* 10' X 8' (Food Prep Booth)	1600	192.00	750	<input type="checkbox"/>

* Special Package with hot/cold water sink & preparation area behind booth.

**DEPOSIT IS REQUIRED UPON BOOKING AND
A POST-DATED CHEQUE DATED JANUARY 07, 2011 FOR THE REMAINDER
BOOKINGS AFTER JANUARY 07, 2011 MUST BE PAID IN FULL**

PLEASE MAKE CHEQUE PAYABLE TO: NEW RAVE PRODUCTIONS, INC. (IN CANADIAN FUNDS)

Visa Mastercard or Cheque(s)

Name on card: _____

Card # _____ Expiry Date _____

I authorize New Rave Productions, Inc. to automatically charge my card for the balance on the due date (January 07, 2011).

SPACE IS ALLOCATED ON A PRIORITY BASIS. ADJUSTMENTS MAY BE NECESSARY TO PROVIDE MAXIMUM UTILIZATION OF SPACE.
THE COST INCLUDE: FLAMEPROOF 8' DRAPED BACKWALL, 3' SIDE RAILS & HALL LIGHTING, HEATING & AIR CONDITIONING, GENERAL EXHIBIT HALL
SECURITY SERVICES, DAILY AISLE CLEANING, BOOTH CARPETING, 1 DRAPED TABLE AND 2 CHAIRS

**DEPOSITS WILL BE FULLY REFUNDED SHOULD AN APPLICATION NOT BE ACCEPTED. ONCE SPACE HAS BEEN BOOKED ANY
CANCELLATION MUST BE IN WRITING. IF SPACE IS CANCELLED, REFUND LESS \$300.00 ADMINISTRATION FEE, WILL BE
GRANTED PRIOR TO DECEMBER 10, 2010. AFTER THAT DATE, PLEASE NOTE YOU ARE LIABLE FOR ALL UNPAID BALANCES.**

ALL EXHIBITORS MUST ADHERE TO THE RULES & REGULATIONS OF THE SHOW OUTLINED IN THE EXHIBITOR MANUAL.

RETURN COMPLETED APPLICATION FORM WITH CHEQUES TO ADDRESS LISTED BELOW; PLEASE KEEP A COPY FOR YOUR FILES. APPLICATIONS THAT ARE SUBMITTED WITHOUT THE APPROPRIATE DEPOSIT CAN NOT BE PROCESSED AND EXHIBIT SPACE CAN NOT BE ASSIGNED.

NEW RAVE PRODUCTIONS, INC.

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Email: jsavardnrp@telus.net

www.thewellnessshow.com

FOR OFFICE USE ONLY:

Accepted By _____

Date Received _____

Booth # _____

Product/Service _____