

Exhibitor Space Application Form The 31st Annual Wellness Show | February 3rd and 4th, 2024

CITY / PROVINCE / STA	ATE:				PO	STAL CODE:	
1 st CONTACT:	TITLE:						
PHONE:		EMAIL:			FAX:		
2 nd CONTACT:					TITLE	i:	
PHONE:	EMAIL:				FAX:		
WEBSITE:					_ SIGNATURE:		
BOOTH SIZE		COST		GST	EARLY BIRD	DEPOSIT	PLEASE ☑
(Deep x Wide)					RATE	REQUIRED	YOUR CHOICE
10' X 6½'	\$	910	\$	45.50	\$ 860	\$ 450	
10' X 8'		1250		62.50		560	
10' X 10'		1450		75.50	1350	700	
10' X 20' (2 booths)	2700		135.00	2600	1200	
10' X 30' (3 booths)	3900		195.00	3800	1800	
20' X 20' (4 booths OTHER)	4800		240.00	4700	2400	
Shared Sink (Food	& Pe	rsonal Se	rvice	s) \$150	+ 12	% (GST+PST)	
Corner Booth					+ 5%		
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