

First Annual Equine Holistic Awareness Symposium

Canadian Association of Holistic Equine Therapists

Saturday, April 19, 2008
Fair Grounds, Armstrong BC

Phone: 250-545-2825 Email: moewills@shaw.ca Fax: 250-558-4257

Trade Show Exhibitor Space Agreement

Company Name: _____
(As you would like to have it listed in Show Guide)

Contact Name: _____

Phone: () _____ Fax: () _____

Email Address: _____

Address: _____ City: _____

Prov: _____ Postal Code: _____ Website: www. _____

Products/Services description: _____

Exhibitor Space Required

5' deep x 10' wide Booth with one table \$50.00 \$ _____

10' deep x 10' wide with one table \$100.00 \$ _____

10 ft deep x 15 ft wide with one table \$125.00 \$ _____

Bulk space outdoors. Please contact us for bulk pricing. \$ _____

GST (5%) \$ _____

Total \$ _____

(Funds must be received within 14 days of booking for booths to be reserved)

The person by signing this form indicates that he/she is authorized by the Exhibitor and agrees to abide by the event rules and terms as stipulated by the organizers.

Name _____ Authorized Signature _____

Title/Position _____ Date _____

Cancellation Policy: If written cancellation received 90 days or more of the date of the show the exhibitor is responsible for 50% of the contracted amount, if after 90 days the exhibitor is liable for 100% of space fees.

Fax to: (250) 558-4257 or Mail To: EQUINE HOLISTIC AWARENESS SYMPOSIUM
c/o Maureen Wills 5608 Petworth Road
Vernon BC V1B 3E2