BOOTH VACUUMING & SHAMPOOING REQUEST

(Effective January 1, 2007)

This form is your official invoice – please keep a copy for your records

All Prices Subject to Applicable Taxes

All Prices Subject to Change Without Notice

EVENT #: 22387

EVENT INFORMATION:

EVENT NAME: **CANADIAN WASTE AND RECYCLING EXPO - 2007**

BOOTH NUMBER:

EVENT DATES: **NOVEMBER 28 – 29, 2007**

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	VCEC Use Only
❑ DISCOUNT RATE UP TO SEVEN DAYS PRIOR TO MOVE-IN.	_____	X	$ 15.00	=	_____	
❑ STANDARD RATE UNDER 7 DAYS PRIOR TO MOVE-IN.	_____	X	$ 23.00	=	_____	

BOOTH CARPET VACUUMING – EXHIBIT BOOTHS OVER 200 SQ. FT.

	TOTAL Square Feet		NUMBER OF DAYS		UNIT AMOUNT		TOTAL AMOUNT	VCEC Use Only
❑ DISCOUNT RATE UP TO SEVEN DAYS PRIOR TO MOVE-IN.	_____	X	_____	X	$ 0.13	=	_____	
❑ STANDARD RATE UNDER SEVEN DAYS PRIOR TO MOVE-IN.	_____	X	_____	X	$ 0.19	=	_____	

BOOTH CARPET SHAMPOOING

	TOTAL Square Feet		NUMBER OF DAYS		UNIT AMOUNT		TOTAL AMOUNT	VCEC Use Only
❑ DISCOUNT RATE UP TO SEVEN DAYS PRIOR TO MOVE-IN. **MINIMUM $29.00 PER BOOTH/SHAMPOO**	_____	X	_____	X	$ 0.19	=	_____	
❑ STANDARD RATE UNDER 7 DAYS PRIOR TO MOVE-IN. **MINIMUM $29.00 PER BOOTH/SHAMPOO**	_____	X	_____	X	$ 0.23	=	_____	

PAYMENT INFORMATION:

Make Cheques Payable to:

VCEC
200 – 999 Canada Place
Vancouver, B.C. Canada
V6C 3C1

To fax your form or for further inquiries:

Call (604) 647-7206

Fax (604) 647-7325

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

SUB TOTAL		
6% GST (#R100432764)		
TOTAL CANADIAN		

❑ Cash ❑ Cheque ❑ Money Order

❑ Visa ❑ MasterCard ❑ American Express ❑ Bank Wire Transfer (Add $10.00 Service Charge to total) _____

Credit Card Number: _____ Expiry Date: _____

Print Name as it Appears on Card: _____

I hereby authorize the VCEC 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