



PLUMBING SERVICES REQUEST 2015

EVENT # **40721**

This form is your official invoice – please keep a copy for your records
All plumbing services are sold on a per booth or per exhibitor basis
All Orders Must Be Accompanied By Payment.
All Prices Subject to Applicable Taxes and/or Change Without Notice.

EVENT INFORMATION:

EVENT NAME: **CONNECT: LODGING/DRINK/FOOD EXPO 2015**
EVENT DATES: **OCTOBER 18-19 2015**

BOOTH NUMBER: _____

CUSTOMER INFORMATION:

COMPANY NAME: _____
COMPANY ADDRESS: _____
Street City Province Postal/Zip Code
CONTACT NAME: _____ PHONE #: _____
E-MAIL: _____ FAX #: _____

Please note: SINKS WILL BE PROVIDED ALONG BACK OF BOOTH UNLESS FLOOR PLAN PROVIDED. ALL PLUMBED SINK REQUESTS WILL BE REVIEWED TO CONFIRM PLUMBING PORT IS AVAILABLE FOR SERVICE PRIOR TO PAYMENT BEING PROCESSED. FOR ALL HEALTH CODE REQUIREMENTS PLEASE CONTACT VANCOUVER COASTAL HEALTH.

SINKS	Quantity Required	Discount Rate	Standard Rate	Late Rate	TOTAL AMOUNT
		(7 days prior to event move-in)	(under 7 days to event move-in)	(under 24h to event move-in)	
<input type="checkbox"/> SELF CONTAINED, TRIPLE BASIN STAINLESS STEEL SINK. HOT/COLD WATER (ONE 5 GALLON TANK, NOT PLUMBED)	_____ @	\$426.00	\$483.00	\$675.00	= _____
<input type="checkbox"/> PLUMBED, TRIPLE BASIN STAINLESS STEEL SINK. HOT/COLD WATER SUPPLY & DRAIN	_____ @	\$545.00	\$628.00	\$854.00	= _____
<input type="checkbox"/> PLUMBED, SINGLE BASIN, LAUNDRY SINK. COLD WATER SUPPLY & DRAIN	_____ @	\$310.00	\$355.00	\$480.00	= _____
WATER SERVICES					
<input type="checkbox"/> COLD WATER SUPPLY & DRAIN	_____ @	\$228.00	\$285.00	\$385.00	= _____
<input type="checkbox"/> COLD WATER SUPPLY ONLY	_____ @	\$173.00	\$201.00	\$283.00	= _____
<input type="checkbox"/> HOT WATER SUPPLY ONLY (Space for hot water tank required)	_____ @	\$285.00	\$327.00	\$446.00	= _____
<input type="checkbox"/> TANK FILL & EMPTY (Less than 50 Imperial Gallons)	_____ @	\$96.00	\$107.00	\$148.00	= _____
<input type="checkbox"/> TANK FILL & EMPTY (Greater than 50 Imperial Gallons)	_____ @	by Quote	by Quote	by Quote	= _____
LABOUR					
<input type="checkbox"/> PLUMBING LABOUR (Weekday hourly rate)	_____ @	\$96.00	\$96.00	\$96.00	= _____
<input type="checkbox"/> PLUMBING LABOUR (Hourly rate after 1700h on Weekdays, on Weekends and Canadian Statutory Holidays)	_____ @	\$128.00	\$128.00	\$128.00	= _____

PAYMENT INFORMATION:

Make Cheques Payable to:
Vancouver Convention Centre
1055 Canada Place
Vancouver, B.C. Canada
V6C 0C3

To fax form or for further inquiries:
Call (604 647-7206) Fax (604) 647-7325

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.

SUBTOTAL _____
5.00% GST (#100432764) _____
TOTAL CANADIAN _____

Cash Cheque Money Order Bank Wire Transfer
 Visa MasterCard American Express (Add \$10.00 Service Charge to total)

Credit Card Number _____ Expiry Date _____
Print Name as it Appears on Card: _____

I hereby authorize the Vancouver Convention Centre or its agents to install 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 _____