



EXHIBITOR SECURITY REQUEST 2015

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 #: 40721

EVENT INFORMATION:

EVENT NAME: CONNECT: LODGING/DRINK/FOOD EXPO 2015 BOOTH NUMBER:
EVENT DATES: OCTOBER 18-19 2015
DATE(S) SECURITY REQUIRED: _____
(SPECIFY EACH DATE REQUIRED)

CUSTOMER INFORMATION:

COMPANY NAME: _____
COMPANY ADDRESS: _____
Street City Province/State Postal/Zip Code
ON-SITE CONTACT NAME: _____ TELEPHONE #: () _____
E-MAIL: _____ FAX #: () _____

| DISCOUNT RATE UP TO 7 DAYS PRIOR TO EVENT MOVE-IN DATE (4 hour minimum call time for all labour) | | | |
|--|-------------|-------------|-------|
| SHIFT TIMES | X RATE | X # OF DAYS | TOTAL |
| = _____ HOURS | \$28.00/Hr. | | |
| = _____ HOURS | | | |
| = _____ HOURS | | | |

| ORDERS RECEIVED 48 HOURS & UNDER (NEW OR CHANGES, CANCELLATIONS NON-REFUNDABLE) | | | |
|---|-------------|-------------|-------|
| SHIFT TIMES | X RATE | X # OF DAYS | TOTAL |
| = _____ HOURS | \$49.00/Hr. | | |
| = _____ HOURS | | | |
| = _____ HOURS | | | |

ORDERS PRIOR TO 48 HOURS NOTICE FOR CANADIAN STATUTORY HOLIDAYS @ \$56.00 / HOUR
ORDERS 48 HOURS & UNDER NOTICE FOR CANADIAN STATUTORY HOLIDAYS @ \$98.00/ HOUR

SPECIAL INSTRUCTIONS: _____

| | | |
|--|---|--|
| PAYMENT INFORMATION: Make Cheques Payable to: Vancouver Convention Centre 1055 Canada Place Vancouver, BC Canada V6C 0C3 | 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 event move-in date. Make all payments in Canadian Funds. All orders must be accompanied by payment. | SUB TOTAL 5.00% GST (#100432764) 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 Vancouver Convention Centre or its agents to provide 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