



Application for ARTIST exhibit space

REGISTRANT: _____

Company _____

Display Name (Maximum 20 characters including spaces) _____

Contact _____

Street Address _____

City _____ Province/State _____

Postal/zip code _____

Phone _____ Cell phone _____

Email _____

Website _____

LOCATION:

Assignment of booth location(s) and space(s) is at promotor's discretion.

I understand that this is only an APPLICATION and a Tri-City Super Con representative will contact me to discuss arrangements. Exhibit space is not assured until a contract is issued. Deposits are non-refundable. We reserve the right to limit space.

Authorized Exhibitor Signature

Date

Forms received without payment will NOT be processed. By signing this form you agree to the TERMS and CONDITIONS ATTACHED. You agree to staff the booth for the entire duration of the SHOW. You have included 50% deposit with his application. You agree to setup and tear down your booth within the allotted times (listed in attached terms & conditions.)

Both parties whose signatures appear below hereby warrant that they are FULLY AUTHORIZED and entitled to enter into and bind this agreement, and do so agree on the dates written below by affixing their signatures below.

Name: _____

Signature: _____

Date: _____

Return this completed application to:

comelys@live.com or

R. Comely, 192A King Hiram St, Ingersoll ON N5C 1L8

October 6 & 7

Bingemans, 425 Bingemans Centre Dr. Kitchener
Saturday 11-7, Sunday 1-5 p.m.

Loading times:

Saturday, October 6 7 a.m. to 10:30 a.m.

More about your products and services. Please provide complete list of items you plan to sell.

Early Bird BOOTH RATES 2018 (to June 30th)

Each retail booth includes: 1 8 ft. booth, 1-8' table draped, 2 chairs, 2 exhibitor passes / 4 passes for 2-3 booths, 6 passes for 4-6 booths

1 booth	\$260
2+booths	\$225 each additional booth
Corner premium add	\$60
Hydro outlet	\$55
Sub-total	_____
H.S.T. (13% tax)	_____
Total Booth Space charge	_____

PAYMENT TERMS:

Deposit of 50% with application. Balance by August 15, 2018

Deposit \$ _____ Balance Due \$ _____

Payment can be made via INTERAC e-Transfer comelys@live.com or pay by cheque made out to: **Star Rider Productions Inc.**

Credit Card Information CCV # _____

Cardholder Name _____

Visa or MC Expiry Date _____

Card #: _____

Interested in selecting your booth location and partnering with Tri-City Super Con to promote your business? Contact Richard Comely at comelys@live.com for more information.

Name: Richard Comely, Star Rider Productions Inc.

Signature: _____

Date: _____