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|--|-------------------|-----------------------------|-------------------------|
| COMPANY NAME | | | |
| COMPANY CONTACT NAME (Staff Name to Appear in the on-site SHOW GUIDE) | | | |
| MAILING ADDRESS | | | |
| CITY | PROV/STATE | POSTAL CODE/ZIP CODE | OFFICE TELEPHONE |
| EMAIL | | WEBSITE | MOBILE |
| PRODUCT/SERVICE (information used in show guide – max 100 characters) | | | |
| By submitting this application to exhibit you agree to receive communications from the CGC and their authorized service providers. | | | |

All further communication regarding exhibitor details will be directed to the person & email address below.

| | |
|--|-------------------------|
| CONTACT NAME | CONTACT EMAIL |
| CONTACT NAME FOR ACCOUNTING (if different than above) | ACCOUNTING EMAIL |

| NUMBER OF BOOTH SPACES Enter quantity below | TYPE For multiples: Linear or Block See website for details and use of space | TOTAL Booth space 10' x 10' = \$1300 (\$1,600 after April 30, 2022) |
|--|---|--|
| Basic exhibitor listing included (company name, website, booth #) Enhanced website/show guide listing available (logo, description, website, booth #) | <input type="checkbox"/> Upgrade to Enhanced Website Listing @ \$200 <input type="checkbox"/> Add video +\$100 (Total \$300) | |
| Comments/Requests: | Sub Total | |
| | HST @ 13% | |
| | TOTAL (CAD) | |

LIABILITY INSURANCE IS MANDATORY

- Yes** - Exhibitor Company has Liability Insurance Coverage of minimum \$2,000,000 with the Canadian Greenhouse Conference, Niagara Falls Convention Centre & the Corporation of the City of Niagara Falls named as additional insurers.

| | |
|--------------------|---------------|
| Insurance Co. Name | Policy Number |
|--------------------|---------------|

PAYMENT DUE ON REGISTRATION
INVOICES ISSUED ONLY ON REQUEST

- VISA*
 MASTERCARD*
 AMEX*
 CHEQUE (payable to the "Canadian Greenhouse Conference" in Canadian Funds)
 EFT/E-TRANSFER
 WIRE TRANSFER*
 *ADDITIONAL FEES MAY APPLY

| | | |
|---------------------|--------------------|------------------|
| CARD # | EXPIRY DATE | CVV Code |
| NAME ON CARD | | SIGNATURE |