

## Exhibit Registration Application Form

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Held at Grande Prairie Composite High School  
March 25<sup>th</sup> and 26<sup>th</sup>

**DEADLINE FOR Registration: December 15, 2009**

**\* No spot is guaranteed – Get your applications in early!!\***

### Terms and Conditions

1. Read the Contract for Exhibitor Services carefully before signing and returning.
2. If table or power requests are changed upon arrival at the convention site there will be an additional charge of \$25.00 per table/outlet.
3. Loss or damage to a displayer's wares is the sole responsibility of the displayer. Your participation in the Convention acknowledges your concurrence with this policy.
4. **Written permission is required** from the Convention Display Committee if a displayer wishes to sublet a portion or all of one's booth. Our acceptance of subletting will be dependent upon other displayers in the immediate vicinity of the display booth.
5. **NO ITEMS** may be placed outside your purchased 4' X 8' area. This includes racks, stands, AV equipment and screens.
6. Power is for ONE plug-in only. You may not run a power bar off your plug-in.

### Display Hours of Operation

Thursday: 8:30 a.m. to 4:00 p.m.

Friday 8:30 a.m. to 12:30 p.m.

Vendors' set up: Wednesday 5:00 – 8:00 p.m.

Vendors' take down: Friday 12:30 – 3:00 p. m.



## Exhibit Pre-Registration Application Form p.2

March 25<sup>th</sup> and 26<sup>th</sup>, 2010

GST Registration Number: 129086393RT0001

### DEADLINE FOR Registration: December 15, 2009

	COST	GST	SUB -TOTAL	# REQUIRED	TOTAL
4' X 8' Table	\$175.00	\$8.75	\$183.75		
4' X 8' Floor Space (no Table provided)	\$150.00	\$7.50	\$157.50		
Power Outlet (1 Plug-in)	\$15.00	\$0.75	\$15.75		
				FINAL TOTAL	

**SEND EXHIBITORS CONTRACT and Page 2 of Application Form with cheque to:**

Mighty Peace Teachers' Convention  
 C/o Nancy Evans  
 10404 – 111 Ave.  
 Grande Prairie, AB  
 T8V 1V1  
 Ph.(780)402-2363 Fax (780)830-3664  
 Daytime Phone: (780)538-2883

Company Name \_\_\_\_\_

Location Preference: \_\_\_\_\_

### Billing Contact (for receipts and confirmation of registration)

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Address of Attending Rep – Important Information about for the *Attending Rep* will be sent to the address below.**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
**E-mail** \_\_\_\_\_