

2017 EXHIBITOR CONTRACT

OACFP AGM, EDUCATION CONFERENCE AND TRADESHOW

INSTRUCTIONS

- Please FULLY complete BOTH PAGES of this form. You may use the PDF version (available at www.oacfp.com) to complete/submit it electronically*.
- Agree to the terms (next page).
- Submit your Exhibitor Contract form and Payment. Payment is in \$CDN and due upon registration. **Due no later than September 8, 2017.**
- Upon confirmation of your Exhibitor Contract registration and payment, you will be provided with a link to upload your exhibitor profile and company logo. **Due no later than September 22, 2017.**
- Reminder to book your hotel accommodations. Reserved block of rooms will be held until **October 1, 2017.**

EXHIBITORS

- Regular 8' x 10' draped display booth.** See Exhibitor Program for booth rental details. Booth registration includes ONE representative. To register for additional representatives, complete details below [labeled Additional representative(s)]. \$ _____
 - \$1,025 plus HST for OACFP Supplier Member \$1,390 plus HST for Non-Member
 - Name of Representative: _____
- Oversize (double) 8' x 20' draped booth.** Please contact the OACFP office for availability. See Exhibitor Program for booth rental details. Booth registration includes ONE representative. To register for additional representatives, complete details below [labeled Additional representative(s)]. \$ _____
 - \$1,730 plus HST for OACFP Supplier Member \$2,125 plus HST for Non-Member
 - Name of Representative: _____
- \$150 additional Premium for corner booths.** Booths: 105, 109, 115, 204, 205, 208, 209, 214, 215, 304, 308, 314. \$ _____
- Additional representative(s).** Fee includes all education seminars, meals, entertainment and awards banquet ticket for one representative: \$ _____
 - \$510.00 plus HST per representative.
 - Name(s): _____
- Customized Beverage Tickets.** \$150 for 25 tickets. Must be ordered by September 15, 2017. \$ _____
- Yes, this is my/our first time attending an OACFP conference.**

COMPANION PROGRAM

- Cost is \$275. This program runs independently from the main conference program and tradeshow, and is specifically for guests of suppliers and delegates to enjoy planned activities outside the hotel (includes opening reception, breakfasts, lunches, transportation, and activity fees). This **does not** include the awards banquet ticket. \$ _____

Please note, banquet tickets are extra and **MUST** be purchased separately (see below).

Participant Name: _____

ADDITIONAL BANQUET AND ENTERTAINMENT TICKETS

- Cost is \$180. Additional banquet and entertainment ticket (not included with the Companion Program). Price includes ticket for the cocktail reception, entertainment and banquet. \$ _____

SPECIAL DIETARY REQUIREMENTS

- Please indicate in the space provided special dietary requirements (e.g., gluten-free, vegetarian, etc.).
- Dietary Requirements: _____

SUBTOTAL	\$ _____
HST (# 119349710) 13%	\$ _____
TOTAL	\$ _____

EXHIBIT SPACE SELECTION

- Review the floor plan layout provided in the Exhibitor Registration Program and indicate your 3 tradeshow location preferences. Please note, booth space allocations will be made on a first-come, first-served basis, and every effort will be made to accommodate your request.

Preferred booth location: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Prefer to be located adjacent to Supplier: _____ or not adjacent to Supplier: _____

Products to be exhibited: _____

EXHIBITOR APPLICATION AND PAYMENT (CDN FUNDS ONLY)

TO BE PROCESSED THIS FORM MUST BE COMPLETED IN FULL

Exhibiting Company: _____

Contact Person: _____

Mailing Address: _____

City/Town: _____ Prov./State: _____ Postal/Zip Code: _____

Telephone: _____ Email: _____

Amount Owed: \$ _____ (CDN funds only) Payment by: Cheque (Payable to OACFP) VISA MasterCard

Credit Card No: _____ Expiry Date: _____

Cardholder Name: _____ Cardholder Signature: X

If you filled in the PDF version of the form electronically, you can email the completed form to info@oacfp.com. Alternatively, you can mail the completed form along with payment to: OACFP, 27 Legend Court, PO Box 10173, Ancaster, ON L9K 1P3. Credit card payments may be faxed to: 905-383-2771. **Due no later than September 8, 2017.**

EXHIBITOR AGREEMENT

- Yes, I the Exhibitor have reviewed and agree to the terms and conditions included within this application form and the Exhibitor Registration Program, including due dates, items to be submitted and the cancellation policy.

X

Authorized Signature

Date



*SEE NOTE BELOW



SPOTLIGHT
on **CHANGE**

#OACFP17