



EXHIBITOR SECURITY REQUEST 2017

This form is your official invoice – please keep a copy for your records
All Orders Must Be Accompanied By Payment
All Prices Subject to Applicable Taxes
All Prices Subject to Change Without Notice

EVENT #: 37674

EVENT INFORMATION:

EVENT NAME: **AME ROUNDUP 2018**

BOOTH NUMBER:

EVENT DATES: **JANUARY 22-25, 2018**

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	\$28.50/Hr.		
= _____ HOURS			
= _____ HOURS			

ORDERS RECEIVED 48 HOURS & UNDER (NEW OR CHANGES, CANCELLATIONS NON-REFUNDABLE)

SHIFT TIMES	X RATE	X # OF DAYS	TOTAL
= _____ HOURS	\$50.00/Hr.		
= _____ HOURS			
= _____ HOURS			

ORDERS PRIOR TO 48 HOURS NOTICE FOR CANADIAN STATUTORY HOLIDAYS @ \$57.00 / HOUR
ORDERS 48 HOURS & UNDER NOTICE FOR CANADIAN STATUTORY HOLIDAYS @ \$98.50/ 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 (Please inquire for additional details)

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