



2011 VENDOR APPLICATION

Can-Am Equine Marketing Inc.

Ross Millar Group

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www.canamequine.ca

347345 15th Sideroad, Orangeville, Ontario L9W 2Y8

**RETURN BY FAX TO BILL AND BEV BROWN AT: 519-740-7199
20 DAWSON ROAD GLEN MORRIS N0B 1W0**

ALL BREEDS EQUINE EMPORIUM
"FOR THE LOVE OF HORSES"

ALL BREED EQUINE EMPORIUM, MARCH - LONDON, ONTARIO

COMPANY NAME: _____

CONTACT NAME _____

ADDRESS - STREET: _____ CITY: _____

PROVINCE/STATE: _____ POSTAL CODE/ZIP CODE: _____

PHONE: AREA CODE () _____ TOLL FREE: AREA CODE () _____

FAX: AREA CODE () _____ EMAIL: _____

CELL PHONE: AREA CODE () _____ WEBSITE: _____

Booth Requirements: Basic booth is 10' x 10' or multiples there of

NUMBER OF SQUARE FEET REQUIRED: _____

Product/Services Description: Please provide a complete description of the product you wish to sell.

NOTE: ONLY those items described in the official contract will be permitted on site:

DEPOSIT PAYMENT MUST ACCOMPANY APPLICATION FOR PROCESSING

	ONTARIO	ENTER YOUR SPACE REQUIREMENTS HERE	CORNER UNIT	
Area in Sq ft	\$ per Sq Ft.	Example: 100 sq ft @ \$9.00 per sq ft = \$900.00	Extra \$100 per corner	Deposit REQUIRED at booking
100+	\$9.00			\$250.00
200+	\$8.00			\$500.00
400+	\$7.00			\$500.00
800+	\$6.00			\$750.00
1,200+	\$5.00			\$1000.00
100 Breed Barn	\$6.00			\$250.00
100 Outside Spot	\$0.50			
Corner End			+ \$100.00	\$100.00
Deposit is NOT refundable for any reason if application is cancelled. Applications received without the required deposit WILL NOT BE PROCESSED. If no space is available, deposit will be returned. Third Party Two Million Liability Certificate Required (Attach to this Page) Booth locations are subject to change at the discretion of event management. Make cheque payable to Can-Am Equine Marketing Inc.			Subtotal	
			HST 13%	
			Subtotal	
			Required Deposit (Due With This Form)	
			BALANCE DUE	

AUTHORIZED SIGNATURE (REQUIRED)

PROCESSED BY: _____

PAYMENT CIRCLE ONE: VISA MASTERCARD AMEX

CREDIT CARD NUMBER: EXPIRY DATE: (MM/YY) VALIDATION CODE: LAST 3 DIGITS BACK OF CARD

NAME ON CREDIT CARD TODAY'S DATE:

OFFICE USE ONLY: Date Received: _____ Contract #: _____ # of Gate Passes: _____ # of Parking Passes: _____

Deposit Received: Yes No Receipt #: _____ Balance Due: _____ Booth # _____ Booth Size: _____ Building: _____