



BOOTH VACUUMING & SHAMPOOING 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 #:

EVENT INFORMATION:

EVENT NAME: _____ BOOTH NUMBER:

EVENT DATES: _____

DATES VACUUMING REQUIRED: _____

CUSTOMER INFORMATION:

COMPANY NAME: _____

COMPANY ADDRESS: _____

	Street	City	Province/State	Postal/Zip Code
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CONTACT NAME: _____ TELEPHONE #: () _____

E-MAIL: _____ FAX #: () _____

BOOTH CARPET VACUUMING – EXHIBIT BOOTHS 200 SQ. FT. (10' X 20') OR UNDER					
	NUMBER OF DAYS	UNIT AMOUNT	TOTAL AMOUNT		Vancouver Convention Centre Use Only
<input type="checkbox"/> DISCOUNT RATE UP TO 7 DAYS PRIOR TO EVENT MOVE-IN.	_____ X	\$ 25.00	=		
<input type="checkbox"/> STANDARD RATE UNDER 7 DAYS PRIOR TO EVENT MOVE-IN.	_____ X	\$ 33.00	=		

BOOTH CARPET VACUUMING – EXHIBIT BOOTHS OVER 200 SQ. FT.					
	TOTAL Square Feet	NUMBER OF DAYS	UNIT AMOUNT	TOTAL AMOUNT	Vancouver Convention Centre Use Only
<input type="checkbox"/> DISCOUNT RATE UP TO 7 DAYS PRIOR TO EVENT MOVE-IN.	_____ X	_____ X	\$ 0.23	=	
<input type="checkbox"/> STANDARD RATE UNDER 7 DAYS PRIOR TO EVENT MOVE-IN.	_____ X	_____ X	\$ 0.30	=	

BOOTH CARPET SHAMPOOING					
	TOTAL Square Feet	NUMBER OF DAYS	UNIT AMOUNT	TOTAL AMOUNT	Vancouver Convention Centre Use Only
<input type="checkbox"/> DISCOUNT RATE UP TO 7 DAYS PRIOR TO EVENT MOVE-IN. MINIMUM \$39.00 PER BOOTH/SHAMPOO	_____ X	_____ X	\$ 0.30	=	
<input type="checkbox"/> STANDARD RATE UNDER 7 DAYS PRIOR TO EVENT MOVE-IN. MINIMUM \$45.00 PER BOOTH/SHAMPOO	_____ X	_____ X	\$ 0.35	=	

PAYMENT INFORMATION:

Make Cheques Payable to:
Vancouver Convention Centre
1055 Canada Place
Vancouver, B.C. Canada
V6C 0C3

To fax your form or for further inquiries:
Call (604) 647-7206
Fax (604) 647-7325
5.00% GST (#100432764)

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.

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| <input type="checkbox"/> 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 perform 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