

EXHIBIT SPACE APPLICATION

Cemetery & Crematorium Association and Funeral Service Association of British Columbia Showcase 2012 | April 19-21 | Sheraton Wall Centre, Vancouver, BC

Check one: I am a member of the: CCABC FSABC CCABC & FSABC



Exhibit Space Application Deadline / Company Information (Due before March 1, 2012)

Exhibiting Company _____

Contact Person: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip: _____

Telephone: _____ Fax: _____

Email: _____ Company web: www. _____

Products to be exhibited: _____

We will be bringing the following historical artifacts that we will be loaning to the FSABC exhibit booth: _____

EXHIBIT SPACE SELECTION

- Table space Includes \$300.00 exhibit space & \$200.00 Exhibitor Wine & Cheese Sponsorship
6' long x 30" deep table complete with draping, skirting and power
Power Required? Yes No _____ @ \$500.00 = \$ _____
- Table space Includes \$375.00 exhibit space & \$200.00 Exhibitor Wine & Cheese Sponsorship
6' long x 30" deep table complete with draping, skirting and power and 2' long floor space beside
Power Required? Yes No _____ @ \$575.00 = \$ _____
- Floor space Includes \$375.00 exhibit space & \$200.00 Exhibitor Wine & Cheese Sponsorship
8' long x 30" deep floor space with power
Power Required? Yes No _____ @ \$575.00 = \$ _____

Exhibitors are an integral part of the conference.

Exhibits, conference speaker presentations, and all meals and breaks

(other than President's banquet & 100th gala event) are held in the exhibit hall & included in the cost of the full conference registration package. Additional registrations can be purchased by completing the enclosed registration form.

One Full Conference Registration \$ 495.00

Only registered delegates will be admitted to the exhibit area.

12% HST \$ _____

Total Payment Enclosed (exhibit space plus conference registration) \$ _____ (Canadian Funds Only)

We wish to be close to the following companies: _____

We wish to be separated from the following companies: _____

Exhibitor has reviewed and agrees to abide by the Terms and Conditions included with this application.

Authorized Signature _____

Date _____

Payment Information

Cheque Please make payable to FSABC

Credit Card Visa MasterCard

Credit card number _____

Name as it appears on credit card _____ Exp. Date _____

Card holder signature _____

* Credit card payment and registration form may be faxed to 250-592-4362.

➡ Please forward Application for Exhibit Space, Conference Registration Form, and Cheque payable in Cdn Funds only to:
Funeral Service Association of BC Suite 211 – 2187 Oak Bay Ave. Victoria, BC V8R 1G1 Tel: (800) 665-3899 or (250) 592-3213

Don't forget to e-mail your company logo to us today at info@bcfunerals.com