



**EXHIBITOR REGISTRATION FORM**

**ORGANIZATION/COMPANY NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PRODUCT/SERVICE DESCRIPTION:** \_\_\_\_\_

**SAMPLING IN BOOTH?** Yes \_\_\_\_\_ No \_\_\_\_\_ **BRANDS:** \_\_\_\_\_

**\*Exhibitor is responsible for providing waste receptacles for sampling booths as well as removing all garbage after the Expo.**

**NUMBER OF BOOTHS REQUIRED:** Single booth \_\_\_\_\_ Double booth \_\_\_\_\_ Other \_\_\_\_\_

*\* You will be assigned your specific set-up time and booth number approximately 2 weeks prior to the expo.*

**EXHIBITOR REQUIREMENTS: (please circle required quantities)**

# Tables 0 1 # Chairs 0 1 2

**LOADING DOOR ACCESS REQUIRED:** Yes \_\_\_\_\_ No \_\_\_\_\_

**METHOD OF PAYMENT:** Cheque or Money order payable to Mississauga Marathon

Credit Card: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Terms and Conditions:**

The exhibitor must accept the aforementioned conditions in order to exhibit at the 2010 Runners Expo.

**EXHIBITOR SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_