FANEXPO VANCOUVER

APPLICATION FOR **ARTIST ALLEY** EXHIBIT SPACE

1. COMPANY INFORMATION: Please Print

_____
Company Name

_____
Display Name **(Maximum 20 characters including spaces)**

_____
Contact Name (Please Print)

_____
Address

_____
City   Province/State

_____
Postal/ZIP Code   Country

_____
Phone   Cell

_____
Email

_____
Website

_____
Social Media

2. PRODUCTS: We carry products related to

PRIMARY GENRE **(Choose one only)**
❏ Comics ❏ Sci-fi ❏ Gaming ❏ Horror ❏ Anime ❏ Other

PRODUCTS YOU ARE SELLING **(Choose all that apply)**
❏ BOOKS - Comics/Graphic Novels/Books
❏ ART - Original Art / Commissions / Prints
❏ CRAFTS - Jewelry/Toys/Figures
❏ Other (please list)_____

3. SPACE RATES 2021

STANDARD
Space consists of one 6' skirted table, 2 chairs, and 2 exhibitor passes

PREMIUM
Space consists of one 5' x 12' end cap space, which includes two 6' skirted tables, 2 chairs, and 2 exhibitor passes.

Standard Table .... $225.00 ea.   X _____ = $_____

Premium End Cap .... $510.00 ea.   X _____ = $_____

Sub-Total..$_____

G.S.T. (Please add 5% Tax)........................$_____
GST# 8717 19241 RT0001

Total Booth Space Charge ....$_____

Please make cheques payable to:
INFORMA CANADA INC.

ARTIST ALLEY PAYMENT TERMS:
100% with application submission.

4. TERMS AND CONDITIONS:
Placement of space(s) is at Show Management's sole and absolute discretion.

I understand that this is only an application and does not guarantee exhibit space until a contract is issued. Once approved, all payments are **non-refundable** and **non-transferable**. We will review your application and a representative will contact you.
I declare that the items on display and/or for sale at my table are my original creations.

_____   _____
Exhibitor's Signature   Date

Return this completed form by mail to:

FAN EXPO Vancouver™ APPLICATIONS:
Attention: Exhibitor Services
20 Eglinton Ave, W, Suite 1200
Toronto, ON, M4R 1K8
Canada

Any Questions?
exhibitors@fanexpohq.com
Tel: 416.512.3866
   or 416.960.4529

www.fanexpovancouver.com

For Office Use Only

Payments	Method	Date	Amount
1.	_____	_____	_____

Booth Size: _____

Assigned Location: _____

FANEXPO HQ
❏ Confirmed