



TRADE SHOW EXHIBITOR FORM

Inquiries can be directed to [Tara Reichert](#)

CONTACT INFORMATION		
First Name:		Last Name:
Title:		
Organization:		
Address:		
Phone:	Fax:	Email:

CONTACT INFORMATION FOR ACCOUNTING DEPARTMENT		(If different than above.)
First Name:		Last Name:
Title:		
Organization:		
Address:		
Phone:	Fax:	Email:

EXHIBITION BOOTH RENTAL		\$3000 + GST before January 31, 2020 \$3250 + GST after January 31, 2020
<p>INCLUDES 2 FULL DAYS OF EXHIBITION PLUS WELCOME COCKTAIL!</p> <ul style="list-style-type: none"> Includes 2 trade booth delegates Thursday & Friday (set-up Wednesday –take out end of day Friday) All coffee breaks held in exhibition hall <p>INCLUDES THE FOLLOWING BOOTH SETUP:</p> <ul style="list-style-type: none"> Laid out by a professional firm 10' (3.05 m) x 8' (2.44 m) size Back and side curtains Draped table, two chairs, paper basket Electrical supply, basic lighting Wi-fi access <p><i>Note: Booth choice is on a first come, first served basis.</i></p>	<p>INCLUDES LOGO ON CONFERENCE WEB SITE WITH LINKS</p> <p>INCLUDES LOGO & CONTACT INFO IN CONFERENCE PROGRAM</p> <ul style="list-style-type: none"> (Specific deadlines apply to printed material.) <p>INCLUDES TWO TICKETS FOR THE FOLLOWING:</p> <ul style="list-style-type: none"> Opening Cocktail, Wednesday-Held in the trade show area! Lunches Thursday & Friday Social Event Thursday Night Complimentary attendance at Technical Session presentations (Does not include individual author paper presentation) (Additional tickets available for purchase upon request.) <p>INCLUDES LIST OF DELEGATES WITH CONTACT INFO</p> <ul style="list-style-type: none"> (Delegates may opt-out of inclusion on the list.) 	

METHOD OF PAYMENT		
D Cheque	Payable to:	Canadian Society of Civil Engineers 521-300 St. Sacrement St., Montreal, QC, H2Y 1X4, Attn: Lois Arkwright
D Credit Card	D VISA D Master Card	
	Number: _____	Expiry (mm/yyyy): ____/____
	Name of Card Holder: _____	
	Signature: _____	Date: _____
D Invoice	Invoice to be sent upon receipt of form. Payment due upon receipt of invoice.	

NEXT STEPS: 1) SIGN BELOW
 2) FAX form to 514-933-3504 <OR> SCAN and EMAIL to [Lois Arkwright](#)
 2) EMAIL your organization's LOGO to [Lois Arkwright](#)