**EXHIBITOR APPLICATION AND CONTRACT**

**Save the date! Soyez des nôtres !   
¡No se lo pierdan! Seien Sie dabei!   
Un’occasione da non perdere!   
Não percam esta oportunidade!**

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OMLTA Spring Conference / Congrès du printemps:

***To well-being and beyond! / Le bien-être-partout et pour tous !***

**March 29 – March 30, 2019**Please type in information, save file under Exhibitor Name and return electronically to [omlta@omlta.org](mailto:omlta@omlta.org)

**EXHIBITOR INFORMATION**

Company Name:

Exhibitor Contact Person:

Mailing Address:

City/Province: Postal Code:

Telephone:

Email: Website:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXHIBITOR BOOTH REQUEST**

NOTE: Limit of **4 booths per exhibitor**, one tabletop/booth. Additional tabletop/booths will be available only after deadline; space permitting.

**The deadline for purchasing tables is Friday, January 25, 2019.**

**Please indicate the number of booths and additional chairs required:**

( )- 8' x 10' booth shell(s) - $860 + $111.80 (HST) = $971.80 each

*Includes one table, one chair and complete pipe and draping*

( )- Table Top Display - $650 + $84.50 (HST) = $734.50 each

*Includes one table, one chair*

( ) - Additional chairs - $17.50 + $2.28 (HST) = $19.78 each **TOTAL DISPLAY FEES: $\_\_\_\_\_\_\_\_\_\_\_\_**

**EXHIBIT LOCATION PREFERENCE**

Please share your top 3 preferences for the location of your booths/tables. Preferences are not guaranteed and are considered on a first-come, first served basis. **Space will be reserved when FULL payment has been received.**

1.

2.

3.

**LUNCHES**

Display fees include buffet lunch for one person for Friday.

Please provide the name of this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional breakfasts and lunches are available for purchase at $50.00 each.**

**Please indicate the number additional lunches required, and the names of each person.**

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL LUNCH FEE**: $\_\_\_\_\_\_\_\_\_\_\_\_

Additional lunches must be purchased and names submitted by Friday, March 1, 2019.

**PAYMENT INFORMATION**

**Visa, MasterCard, and American Express Accepted (OMLTA HST #R104001029)**

Amount to be Charged: $ \_\_\_\_\_\_\_\_\_\_ (display fee and lunch fee)

Charge My: □Visa □MasterCard □Amex

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_\_\_\_ (month/year)

Cardholder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE AND AGREEMENT**

Exhibitors are solely responsible for their own exhibit materials and should insure the exhibit against loss or damage from theft, accident, vandalism, fire and other causes. All property of an exhibitor is understood to remain in the exhibitor’s care, custody and control in transit to, from and within the confines of the exhibit hall. Neither the OMLTA/AOPLV nor the Delta by Marriott Hotel, nor their employees or representatives are liable for any damage or loss that may occur to the exhibitors or to the exhibitors’ employees or property from any causes whatsoever. Insurance and liability are the full and sole responsibility of the exhibitors. The exhibitors, on signing the application form, agree to indemnify and hold forever harmless the aforementioned for any and all liability and expenses for personal injury, arising out of, in, at, or in connection with the exhibitors’ displays. By signing the application form, exhibitors acknowledge they have read and agree/adhere to all the rules and regulations of the contract

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_