VANCOUVER		BOOTH VACUUMING & SHAMPOOIN This form is your official invoice – please keep a All Orders Must Be Accompanied By I All Prices Subject to Applicable All Prices Subject to Change Witho				copy for your records Payment. Taxes				VENT #:	44612		
EVENT INFORM				ere erenge i									
EVENT NAME: ICOI - 2017 WORLD CONGRESS						BOOTH NUMBER:							
EVENT DATES:	AUGUST 17 - 19, 2017					_							
DATES VACUUMI CUSTOMER INF COMPANY NAME:	ORMATION								-				
COMPANY ADDR	ESS:												
	Street City						Province/State				Postal/Zip Code		
CONTACT NAME:					T	ELEPHONE #	# :	()					
E-MAIL:					F	AX #:		()					
BOOTH CARPET	ACUUMING -	EXHIBI	BOOTHS 200 SQ. FT. (10' X 20') OR U	NDE								
						NUMBER OF DAYS		UNIT AMOUNT		TOTAL AMOUNT	Vancouver Convention Centre Use Only		
DISCOUNT RATE UP TO 7 DAYS PRIOR TO EVENT MOVE-IN.							Х	\$ 25.00	=				
STANDARD RATE UNDER 7 DAYS PRIOR TO EVENT MOVE-IN.							Х	\$ 33.00	=				
BOOTH CARPET	ACUUMING -	EXHIBI	BOOTHS OVER 200 SC	Q. FT.		-	-		-				
				TOTAL Square Fee	et	NUMBER OF DAYS		UNIT AMOUNT		TOTAL AMOUNT	Vancouver Convention Centre Use Only		
DISCOUNT RATE UP TO 7 DAYS PRIOR TO EVENT MOVE-IN.							x	\$ 0.23	=				
STANDARD RATE UNDER 7 DAYS PRIOR TO EVENT MOVE-IN.							Х	\$ 0.30	=				
BOOTH CARPET	SHAMPOOING						-		-				
				TOTAL Square Fee	et	NUMBER OF DAYS		UNIT AMOUNT		TOTAL AMOUNT	Vancouver Convention Centre Use Only		
DISCOUNT RATE UP TO 7 DAYS PRIOR TO EVENT MOVE-IN. MINIMUM \$39.00 PER BOOTH/SHAMPOO					_ x		X	\$ 0.30	=				
STANDARD RATE UNDER 7 DAYS PRIOR TO EVENT MOVE-IN. MINIMUM \$45.00 PER BOOTH/SHAMPOO					_ X		x	\$ 0.35	=				
PAYMENT INF			To fax your form or for fu	urther inquiries:				SUB TOT	AL				
Make Cheques Payable to: Vancouver Convention Centre 1055 Canada Place			Call (604) 647-7206 Fax (604) 647-7325			5.00% GST (#10043276							
Vancouver, B.C. Canada V6C 0C3 Discount Rate applicable up move-in date. Make all payn Funds. All orders must be a payment.					anadian CANADI								
Cash	Cheque		Money Order										
🗅 Visa 🗌	MasterCard		American Express	Bank Wire Tr	ansfe	er (Please inc	luire	for additiona	al det	tails)			
Credit Card Numbe	er:					E	Expir	y Date:					
Print Name as it Ap	opears on Card:												
I hereby authorize the V service.	ancouver Convent	tion Centr	e or its agents to perform the	service(s) describe	ed abo	ve and agree to	o ass	ume complete	resp	onsibility for al	charges for		
Authorized Signatu	re:												

Print Name and Title of Authorized Representative