

## Helium Authorization Request

|   | agrees to accept full responsibility for all helium filled products used    |
|---|---|
| as part of our display or decorations.  |   |
| It is agreed that no helium balloons will be or assigned space.   | handed out. All balloons must be secured to a firm base within the display  |
| This responsibility includes the cost to renescape.   | move all helium products from the show as well as the retrieval of any that |
| Helium tanks used for this purpose must be  | be removed from the Centre prior to the opening of the show.                |
| Particulars   |   |
| Event/Show Name:  |   |
| Size of each balloon: in diameter   |   |
| Number of balloons:   |   |
|   |   |
| Description of set up:  |   |
| Description of set up:  |   |
| Please return completed form (sig   | ned by Show Manager) to the Event Co-ordinator,                             |
| Please return completed form (sign<br>Metro Toronto Convention Centre.  | ned by Show Manager) to the Event Co-ordinator,                             |
| Please return completed form (sign<br>Metro Toronto Convention Centre.  | ned by Show Manager) to the Event Co-ordinator,                             |
| Please return completed form (signature of the company):  | ned by Show Manager) to the Event Co-ordinator,                             |
| Please return completed form (signature of the company)   Company:  | ned by Show Manager) to the Event Co-ordinator,  Booth Number:              |
| Please return completed form (sign Metro Toronto Convention Centre.  Company:  Contact Name:                              | ned by Show Manager) to the Event Co-ordinator,  Booth Number:              |
| Please return completed form (sign Metro Toronto Convention Centre.  Company:  Contact Name:                              | ned by Show Manager) to the Event Co-ordinator,  Booth Number:              |
| Please return completed form (sign Metro Toronto Convention Centre.  Company:  Contact Name:  Address:  Telephone Number: | Booth Number: Fax Number:   |
| Please return completed form (sign Metro Toronto Convention Centre.  Company:  Contact Name:  Address:  Telephone Number: | ned by Show Manager) to the Event Co-ordinator,  Booth Number:              |
| Please return completed form (sign Metro Toronto Convention Centre.  Company:  Contact Name:  Address:                    | Booth Number: Fax Number:   |