

Event: Sign Expo Canad	a Event Date: Se	eptember 23 – 24, 2022
Company Name:		
Address:		
City:	Province/State:	Postal Code/Zip Code
Phone:	Ext: Fax:	
Email:	Contact Perso	on:
Signature:	Date:	
	Booth #:	SQ. FT.:
shavings, grease or oil. Porter service and additional exhibit of Please insure any protective floor cov covering. Il orders must be received and paid	ç , ,	nts. te. Caldas will not be responsible for removal of floor
100 – 600 sg. ft	\$0.24/sq.ft. x	x 1 Day =\$
		x 1 Day =\$
		x 1 Day =\$
<mark>dates.)</mark> 100 – 600 sq. ft	\$0.21/sq.ft. x	Please list which nights under required cleaningx Days = \$
		x Days = \$
		x Days = \$ x Days = \$
		XDays = \$
Please list any special requirements and/o additional charges)	· · · · ·	SUBTOTAL \$
		H.S.T. #R866253842 13%
		TOTAL \$
Required cleaning dates:		
ction 4 Payment Informati	ion	
date. Incomplete orders cannot be pro	full at least 7 days prior to move in date. A 25% successed. CALDAS reserves the right to adjust order dd \$30.00 bank charge to your payment.	urcharge will be added to all orders received after this rs not calculated accurately or received after the
Payment: 🔿 Visa 🔿 Master	Card O Cheque (Payable to Caldas Building	Services Inc.) 🔘 Cash
Card #		Expiry Date: / CVV
CARDHOLDER NAME:	SIGNATURE:	X