



Order Deadline Date:
October 14, 2011

Show Name:
YOGA The Conference & Show

Head Office | 9505 41 Avenue | Edmonton, AB T6E 5X7
Vancouver Office | #105 - 5898 Trapp Avenue | Burnaby, BC V3N 5G4

tel **780.426.2211**
fax **780.426.5734**

Show Date:
November 4-6, 2011

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METHOD OF PAYMENT FORM

IMPORTANT! If you are planning to utilize any of the services provided by Goodkey Show Service Ltd. Please carefully complete and return this form with all your display requirements.

Name of Company:	Contact:	Booth No:
Address:	Telephone No: ()	Fax: No: ()
City, Province/State. Postal Code:	Email	

CASH / MONEY ORDER

COMPANY CHEQUE **(REQUIRE A CREDIT CARD BACKUP)**
Please make cheque payable to: **Goodkey Show Services Ltd.**
Note: **No cheques will be accepted after the order deadline date.**

**Address: Goodkey Show Services Ltd.
9505 41 Avenue
Edmonton, Alberta
T6E 5X7**

CREDIT CARD

For your convenience, we will use this authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative. These charges may include labour. Please complete the information requested below:

AMERICAN EXPRESS

MASTERCARD

VISA

Account #:

Expiration Date: CVD:

Personal Credit Card: Company Credit Card:

Cardholder's Name: _____

Signature: _____

Cardholder's Billing Address:

Street: _____

City/Province: _____

Postal Code: _____

GST REGISTRATION#: 121717813 RT

We have read, understand and agree to all terms as described above and have advised our show site representative accordingly.

Exhibitor Signature: _____

Print Name: _____

Date: _____

THIRD PARTY AUTHORIZATION

FOR USE OF AN EXHIBITOR APPOINTED CONTRACTOR:
We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges. In the event that the named third party does not discharge payment of the invoice prior to the last day of the show, charges will revert to the exhibiting company. All invoices are due and payable upon receipt, by either party. The items checked below are to be invoiced to the third party:

ALL SERVICES

BOOTH CLEANING

I & D LABOUR

MATERIAL HANDLING / IN & OUT

RENTAL FURNITURE & CARPET

SIGNS

OCTANORM

OTHER (Please specify)

THIRD PARTY AGENT:

Account #:

Expiration Date: CVD:

Personal Credit Card: Company Credit Card:

Cardholder's Name: _____

Signature: _____

Cardholder's Billing Address:

Street: _____

City/Province: _____

Postal Code: _____

Phone: () _____

Fax: () _____

E-mail: _____