

CPTC Exhibitor Registration Form

CPTC Exhibitor Registration is on a first-come, first-served basis. Please complete and return the CPTC exhibitor registration form at **9:00 am on or after Feb. 17/10**. Scan/email the completed form to: info@cptc2010.ca. Or fax to: 416-695-9977. On-line registration at www.cptc2010.ca.

NOTE: ANY registration forms received before 9:00 am on Feb. 17/10 will be allocated exhibit space AFTER all other registration requests received at the specified date/time - 9:00 am, Feb. 17/10.

Exhibitor Company Name _____

Address _____

City _____ Prov/State _____ Postal/Zip Code _____

Telephone _____

FAX _____

E-mail _____

Exhibit Personnel

Your exhibit fee entitles your company to a maximum of two exhibit personnel to participate on the trade show floor per 10' x 10' display space. Exhibit fees do not entitle exhibit personnel to attend any other CPTC conference events. Exhibit personnel are welcome to attend conference activities provided they are registered and paid using the separate conference or guest(companion) registration forms at www.cptc2010.ca.

Main Exhibitor Contact (to receive all official trade show correspondence):

Secondary Exhibitor Contact: _____

If additional exhibit personnel are required during move-in/out or show hours, please list all names here. Each additional exhibit representative is at a cost of \$25.00 per person. All exhibit personnel must have CPTC badge identification or they will not be permitted onto the show floor by security at any time. Please note that badge identification will indicate representative name and exhibitor company name only.

Name: _____ @ \$25.00

Name: _____ @ \$25.00

Name: _____ @ \$25.00

Attach additional page if more names are required.

Display Space Selection

Please note that with the first-come, first-served method of registration, you may not receive your first choice of display location. Please be sure to indicate 5 location choices.

Booths - Indicate your desired booth number, in order of location preference:

Number of booths required: _____

Preference: - 1st choice: _____ (e.g. #100 - 10' x 10')

- 2nd choice: _____ (e.g. #109 / 110 - 10' x 20')

- 3rd choice: _____

- 4th choice: _____

- 5th choice: _____

Vehicles - Indicate your desired vehicle display space location, in order of location preference:

Number of vehicle display spaces required: _____

Preference: - 1st choice: _____ (e.g. B8 - 10' x 40')

- 2nd choice: _____ (e.g. B4 / B5 - 20' x 40')

- 3rd choice: _____

- 4th choice: _____

- 5th choice: _____

Please Note: If any booths or vehicle display spaces are not occupied by 7:00 pm on Mon. May 17, 2010, show management reserves the right to re-allocate the space for other use.



Canadian Pupil Transportation Conference (CPTC) TRADE SHOW

May 18, 2010

Aberdeen Pavilion, Lansdowne Park, Ottawa, ON, Canada

CPTC, Attn: Michele O'Bright, 1 Eva Road, Suite 304, Etobicoke, ON, M9C 4Z5
Tel. 416-695-9965 Ext. 24 Fax 416-695-9977 E-mail: info@cptc2010.ca
www.cptc2010.ca

Exhibit Fees

Booth Displays:

Booth Size	Rates
10' x 10'	\$1350
10' x 20'	\$2400
20' x 20'	\$3000
20' x 40'	\$3600
20' x 50'	\$4000

Vehicle Displays:

Vehicle Space Size	Rates
10' x 40'	\$3000
20' x 40'	\$3600
50' x 40'	\$4500

All prices in Canadian dollars. Please contact CPTC for additional rates if you require different booth or vehicle display space.

Exhibit Payment

All payments must be received on or prior to Apr. 23/10 or exhibit space cannot be guaranteed.

Type of Booth(s) Space Required: = \$ _____ CDN

10' x 10' = \$1350 10' x 20' = \$2400 20' x 20' = \$3000

20' x 40' = \$3600 20' x 50' = \$4000

Other (please specify) _____

Type of Vehicle Display Space Required: = \$ _____ CDN

10' x 40' = \$3000 20' x 40' = \$3600

50' x 40' = \$4500 Other (please specify) _____

Number of Additional Exhibit Representatives Required:

_____ @ \$25.00 = \$ _____ CDN

SUB-TOTAL of Above Booths, Vehicle Spaces and Exhibit Representatives:

= \$ _____ CDN

ADD 5% GST to above SUB-TOTAL (#897480950): = \$ _____ CDN

GRAND TOTAL (e.g. Cheque, Visa or MC Amount): = \$ _____ CDN

Cheque to follow payable to OSBA (on or before Apr. 23/10); forward payment to CPTC, c/o OSBA, 1 Eva Road, Suite 304, Etobicoke, ON, M9C 4Z5

Charge my VISA or MasterCard as follows:

Card Number: _____

Name on card: _____

Exp. Date: _____ / _____ Signature: _____

Electrical

If you require a 1500 watt electrical outlet for your display space, please indicate this below. If you do not indicate a requirement, electricity will not be placed in/near your display space on-site:

Yes, a 1500 watt electrical is required No, electricity is not required.

Draw Prizes

Draw prizes will be raffled off during the trade show and at the end. Please indicate here if you will provide a draw prize (minimum value \$50):

Yes, we will provide a draw prize (please specify): _____

No, we will not provide a draw prize.

Cancellations

Full refund if cancelled on or before Apr. 23/10. For any cancellations received after April 23/10, there will be no refund.