

# IMATS VANCOUVER EXHIBITOR APPLICATION

**SET-UP DATE: FRIDAY, OCTOBER 13, 2017**

SHOW DATES: October 14-15, 2017

Vancouver Convention Centre East, Hall B

## 1. Exhibitor Information (Please Print)

Company Name: \_\_\_\_\_

Exhibitor Listing: \_\_\_\_\_

(Note: This is how your company name will be listed in the IMATS program and IMATS.net.)

Brands/Products to be Displayed: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Booth Set-up Contact Info: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date rec'd: \_\_\_\_\_

Booth price: \_\_\_\_\_

Corner price: \_\_\_\_\_

Advertising: \_\_\_\_\_

HST: \_\_\_\_\_

**Total:** \_\_\_\_\_

Payment rec'd: \_\_\_\_\_

Balance due: \_\_\_\_\_

Accepted by: \_\_\_\_\_

Booth #1	Booth #2
Booth #3	Booth #4

## 2. Booth Size Minimum space required: 10 ft. X 10 ft. / 100 sq. ft.

First choice # \_\_\_\_\_ X \_\_\_\_\_ feet

Second choice # \_\_\_\_\_ X \_\_\_\_\_ feet

Third choice # \_\_\_\_\_ X \_\_\_\_\_ feet

## 3. Booth Rates

\$1,700 CAD/100 sq. ft. booth

Corner fee \$100 CAD/corner

Number of corners: \_\_\_\_\_

Show Management will attempt to honor choices in order of preference; however, final decisions regarding assignment are the sole discretion of Show Management.

## 4. Advertising and Classrooms

Full-Page/Four-Color Advertisement in show program and classroom = \$1,250 CAD

**Classroom Request\*:** Number of Classes: \_\_\_\_\_

Full-Page/Four-Color Advertisement in show program ONLY = \$500 CAD

\*You are entitled to request one (1) classroom per full-page ad. Any class over allotment is \$700 CAD/1 hour. Show Management will do its best to honor your request. (Limited Availability)  
Class times will not be assigned until speaker and class topic have been approved by the education coordinator. Exhibitor agrees to submit class details in accordance with the instructions set forth by Show Management, otherwise forfeit the opportunity to have their class publicized in all attendee promotional vehicles. All inquiries concerning education and classrooms should be directed to education@kpgmedia.com.

## 5. Booth Fees and Payment Schedule

# of booths	x	Cost/booth	+	Corner cost	+	Cost advert/ classroom	=	Subtotal CAD	+	5% HST	=	Total cost CAD
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By signing the following credit card payment authorization, you agree to allow IMATS to charge your credit card for unpaid balances per the payment and schedule terms of the contract.

Check#: \_\_\_\_\_ payable to IMATS

Credit card (check one):  American Express  MasterCard  Visa

Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC#: \_\_\_\_\_

Name on card (please print): \_\_\_\_\_

Credit card billing address:  Same as above

Signature: \_\_\_\_\_

If your balance of payment is not received by other means within 90 days of the event, this card will be billed automatically to settle your account. Contact your representative to make arrangements for credit card payments.

### Payment schedule:

**Upon signing: 50% of Booth Fee Due  
July 13, 2017: 100% of Booth Fee Due**

By signing this document, company and signee agree to payment schedule.

**Wire transfer instructions payment in CAD:**

**Bank:**  
HSBC

**Account name:**  
IMATS Make-Up Show LTD

**SWIFT:**  
HKBCCATT

**Account number:**  
880 - 127538 - 001

**Transit:**  
10880

Please complete and mail with payment:

**IMATS**  
12808 NE 95th St.  
Vancouver, WA USA  
98682

**ph. 360.882.3488**  
fax 360.885.1836

Questions? Contact:  
**Heidi O'Hara**  
Sales Manager  
ext. 119  
heidio@kpgmedia.com

**Misty Faler**  
Customer Service Manager  
ext. 125  
mistyf@kpgmedia.com

## 6. Sign Here

Exhibitor has read the Terms & Conditions on the reverse side of this Agreement. Exhibitor understands that this Agreement shall be legally binding between IMATS and the Exhibitor only upon acceptance in writing by IMATS. Exhibitor also understands that any changes in the information in this Agreement must be provided to IMATS in writing. **This Agreement may be executed and delivered by facsimile and a facsimile signature shall be treated as an original.**

Exhibitor's authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Show Management: \_\_\_\_\_ Title: \_\_\_\_\_

RETAIN A COPY FOR YOUR RECORDS. REV. 5/17/17 V1

**IMATS.NET**

