

CMS Winter 2001 Meeting
Toronto Colony Hotel, Toronto, Ontario
Exhibit Programme - December 8 - 9
Colony Grande West Ballroom

CONTRACT FOR EXHIBIT SPACE

Complete form and retain a copy for your files; send original with payment to:
 Canadian Mathematical Society, 577 King Edward, POB 450, Station A, Ottawa, Ontario, CANADA K1N 6N5.
 Phone: (613) 562-5800, ext. 3480, FAX: (613) 565-1539 (for credit card payments only)

The undersigned agrees to abide by all requirements mentioned in the RULES FOR EXHIBITING.

Company Name (will appear on Booth Sign):		
Mailing address:		
Telephone:		FAX:
Name of authorized person:		Title:
Authorized signature:		Date:
Names of Company Representatives (please also tell us of any food allergies)	1. _____	
	2. _____	
Please indicate preferred and alternate booth locations. Exhibit space is assigned on a first-come, first-served basis. If chosen booths are unavailable, the available space will be assigned as equitably as possible.	Preferred Booth # :	Alternate Booth # :

# booths @ \$ 400 (Cdn) or \$300 (Cdn) for corporate members	\$
all exhibitors, add 7% GST	\$
#_ extra reps @ \$ 30.00	\$
GST # 11883 3979 RT100001	TOTAL
	\$

Payment: <input type="checkbox"/> Cheque (payable to CMS) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		
If paying by Credit Card:	Card #:	Expiry:
If this is your credit card, print your name as it appears on the credit card and sign your name. If this is not your credit card, print holder's name as it appears on the credit card and have the card holder sign.		
Print:	Signature	

Booth Numbers Assigned: _____	Copy of contract faxed to: _____
Approved by: _____	Decorator _____
Date confirmed: _____	Broker _____

Executive Office use only