



CMS/CAIMS Joint Meeting 2004  
Exhibit Programme – June 13 to 14  
Dalhousie University  
Halifax, NS



Canadian Mathematical Society, 577 King Edward, Suite 109, Ottawa, ON K1N 6N5, Tel. (613) 562-5702

**EXHIBIT SPACE CONTRACT**

**TERMS FOR EXHIBIT SPACE**

Exhibit space is assigned on a first-come, first served basis and **payment is required in full** prior to consideration. Cancellation Policy: A penalty charge of \$100.00 per booth will be applied for booths cancelled three weeks prior to the meeting. Refunds cannot be issued for space cancelled after **May 15, 2004**. Send original form with payment to: Canadian Mathematical Society, 577 King Edward, Ottawa, ON CANADA K1N 6N5. Tel: (613) 562-5702 FAX: (613) 565-1539 (for credit card payments only)

**BOOTH PRICES**

Corporate Members \$325.00 (10 X 10 space)  
Non Members \$425.00 (10 X 10 space)

**COMPANY INFORMATION** - The undersigned agrees to abide by all requirements mentioned in the RULES FOR EXHIBITING

Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of Authorized Person: \_\_\_\_\_  
Title: \_\_\_\_\_ Tel: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature of Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representatives: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Please indicate: Food allergies  Special Dietary requirements

Exhibit space is assigned on a first-come, first-served basis. A floor plan will be made available to exhibitors once the contract is received.

_____ Booths @ \$425.00 (Cdn) non-member	\$ _____
_____ Booths @ \$325.00 (Cdn) corporate member	\$ _____
_____ additional reps @ \$30.00 per rep	\$ _____
_____ all exhibitors, add 7% GST	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>
_____ <b>BANQUET TICKETS @ \$60.00</b>	<b>\$ _____</b>
<b>GRAND TOTAL</b>	<b>\$ _____</b>

**PAYMENT** (GST # 11883 3979 RT0001)

Cheque (payable to CMS)       VISA       MasterCard  
Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Print: \_\_\_\_\_ Signature: \_\_\_\_\_  
If this is your credit card, print your name as it appears on the credit card and sign your name. If not, print holder's name and have the card holder sign.

**Office use only**

**Booth Number : \_\_\_\_\_ assigned**

Website list of exhibitors updated       Approved contract faxed to exhibitor       CCRA letter faxed to exhibitor

Copy faxed to Decorator       Copy faxed to Broker