



**THE 2011 WESTERN FAIR-September 9th to 18th**  
**Not for Profit - Application Form**

COMPANY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

**PRODUCT/SERVICE DESCRIPTION:** Please provide a complete description of the product or service you wish to sell.  
 Please note only those items described in the official contract are allowed to be sold or displayed in the exhibit.

**Not-For-Profit Number:** \_\_\_\_\_

**INSIDE:**

<b>Exhibitor (Display Only) ( ) Yes</b> <b>Organization CAN NOT take donations or do raffles.</b>	<b>Vendor ( ) Yes</b> <b>Cash N' Carry Sales/Raffles/Donations</b> <b>Note: the number of NFP taking donations or doing raffles is limited.</b>
\$386.00 per 10 x 10	\$540.00 per 10 x 10
Corner is Additional: \$70.00 per corner	

# of 10 x 10 Booths: _____ x \$ _____ = \$ _____	SUB TOTAL = \$ _____
# of Corners: _____ x \$70.00 = \$ _____	Plus 13% HST = \$ _____
<b>Outside:</b> Total Frontage _____ x \$ _____ = \$ _____	Total Rental Cost = \$ _____
<b>Authorized Signature:</b> _____	<b>Date:</b> _____

**DEPOSIT:** Forward a deposit of **50% of booth rental.** **A \$25 fee will be applied for all NSF cheques**

VISA  AMEX  MASTERCARD  CHEQUE ENCLOSED  (Please make payable to **Western Fair Association**)

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Val. Code: \_\_\_\_ (on back)  
 MM YY

Name on Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

**Bank Transfer: Please contact Sari Brady for banking information at 519/438-7203 ext. 228**

**Deposits are non-refundable for any reason if application is cancelled within 60 days prior to September 6, 2011.**

**Applications received without the required deposit, will NOT be processed. Receipt of application does not guarantee availability of space. If no space is available, deposit will be returned. Booth locations are subject to change at the discretion of show management.**

<b>For Office Use Only:</b> Date App Received: ____/____/____		Exhibitor ( ) Vendor ( )	Contract # _____
# of N/C Badges: _____	# of N/C Units: _____	Booth #: _____	Booth Size _____ Building _____
Contract Price: \$ _____	Less Deposit Received: (\$ _____)	Balance Due: \$ _____	
Date Received: _____		Receipt # _____	

**Return signed copy & deposit to:** WESTERN FAIR ASSOCIATION, P.O. Box 7550, LONDON ON N5Y 5P8 519/438-7203 ext 228 or 800/619-4629  
 F: 519/438-7481 Attn: Sari Brady sbrady@westernfair.com