



BADGES

Each single booth (100-150 ft²) will receive six (6) full show exhibitor badges. Companies that have booked **over 150 ft²** of exhibit space will receive an additional five (5) full show exhibitor badges **for each additional 100 ft²**

PLEASE SUBMIT YOUR BADGE ORDER FORM ONE WEEK PRIOR TO THE SHOW.

All badges & passes are to be picked up during move-in day at the Show Office.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Company name: _____ **Booth #:** _____

Contact Person: _____ **Phone:** _____

Please print your staff's names below and then **fax** this order form to **(905)-529-4039** or **mail** it to: **270 Longwood Road South, Unit # 1, Hamilton, Ontario, L8P 0A6.**

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

**** Please note: Five additional badges for each extra 100 square foot booth. ****

Two booths:

- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____

Three booths:

- 12) _____
- 13) _____
- 14) _____
- 15) _____
- 16) _____

Four booths:

- 17) _____
- 18) _____
- 19) _____
- 20) _____
- 21) _____

Five booths:

- 22) _____
- 23) _____
- 24) _____
- 25) _____
- 26) _____

Six booths:

- 27) _____
- 28) _____
- 29) _____
- 30) _____
- 31) _____

Seven Booths:

- 32) _____
- 33) _____
- 34) _____
- 35) _____
- 36) _____

Eight booths:

- 37) _____
- 38) _____
- 39) _____
- 40) _____
- 41) _____

❖ If you wish to purchase any additional badges or passes, please complete the order form "Additional Badges/Passes" on the next page.

ADDITIONAL **BADGES & GUEST PASSES**

Please complete the form below to order additional Badges and Guest Passes

Company name: _____ Booth #: _____

Contact: _____ Phone: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Full Show Exhibitor Badges

Quantity: _____ x \$8.00 (incl. HST)

Total: _____

Guest Passes

Quantity: _____ x \$5.00 (incl. HST) minimum of four

Total: _____

Please include a cheque payable to Continuum Productions Inc. or complete the credit card authorization form below (plus GST).

Charge to my: Visa MasterCard Amex **Amount: \$** _____

Card #: _____ Exp. date: _____

Card Holder Name: _____ Signature: _____

Fax to: (905)-529-4039 or **Mail to:** 270 Longwood Road South, Unit # 1, Hamilton, Ontario, L8P 0A6

I wish to make arrangements at my expense to receive my passes in advance

Yes ____ **No** ____

If yes is chosen, tickets will be mailed or couriered at the exhibitor's expense. Otherwise tickets will be available at will call.