

ARTISAN 2018 APPLICATION TO EXHIBIT + CONTRACT

ARTISAN-CRAFT ONLY (Commercial Exhibitors, Use Alternate Contract). Please complete, sign & forward with payment to:
BC Artisan Marketing Society, PO Box 39048 Panorama PO, Surrey, BC V3S 9A7 OR
Fax to: 778.564.3947 P:604.543.4593 Email: info@westcoastchristmasshow.com

Company Name: _____ Contact Name: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

E-mail: _____ Phone: _____ Fax: _____

Web: _____ Twitter: _____ Facebook: _____

Given the agreement on this application and subject to the conditions expressed herein, the company/vendor listed on this document agrees to abide by the terms and conditions outlined on Pages 2, 3 and 4 of this Application to Exhibit & Contract.

Authorized Agent's Name: _____ Signature: _____

Title: _____ Contact Phone: _____

Products exhibited: (Pictures must be provided via weblink, email or photos) _____

IMPORTANT NOTE FOR CHOOSING YOUR CORRECT BOOTH SIZE: When selecting your booth size, please be sure that you choose a booth that is large enough for all your product displays and activities. Vendors may NOT use the storage spaces behind their booths for any other purpose than storage of empty boxes and/or excess products. Prohibited use includes: preparation of goods for sale, packaging of goods, office, change room, and any other activity that is beyond the scope of simple storage of goods. Where more than one booth backs onto a common storage area, each of those vendors may only store goods in an area that is proportionate to the size of their rented booth space, and must respect ease of access for all those sharing the storage area. Line of sight to adjoining booths MUST BE RESPECTED, 8 ft high side walls may only be installed by written permission from show management.

EXHIBIT SPACE FEES FOR ARTISAN CRAFT ONLY:

PIPE AND DRAPE BOOTHS:

The following booths are pipe and drape ONLY – no carpet, table or chair included.

Floor covering within your booth is mandatory. If you do not have your own floor covering, you may wish to request a Deluxe booth in the section below.

NO. OF BOOTHS	BOOTH SIZE	BOOTH RATES
<input type="text"/>	10 ft wide x 5 ft	\$ 475
<input type="text"/>	10 ft wide x 10 ft	\$ 675
<input type="text"/>	15 ft wide x 10 ft	\$ 995
<input type="text"/>	20 ft wide x 10 ft	\$ 1,325

DELUXE BOOTHS: (including carpet, skirted table, chair)

NO. OF BOOTHS	BOOTH SIZE	BOOTH RATES
<input type="text"/>	Deluxe 10ft x 5ft	\$ 595
<input type="text"/>	Deluxe 10ft x 10ft	\$ 825

First Time Artisan Sampler Booth 5ft x 5ft \$ 350

PAYMENT METHOD

E-transfer to heather@westcoastchristmasshow.com Cheque attached: Payable to BC Artisan Marketing Society (Soc. Reg #S-0050026, GST Reg# 81244 8140 RT0001)

OR Charge to: Visa MasterCard Card Number: _____ Expiry Date: _____

By signing below I agree to have my credit card debited according to the schedule of 2 payments as indicated below.

Cardholder Name: _____ Cardholder Signature: _____

25% Deposit due now \$ _____ 25% Deposit due June 1/18: \$ _____ Balance due by Sept 14/18: \$ _____

Please indicate your preferred choice of booth location.

1st _____ 2nd _____ 3rd _____ 4th _____

Booth choice is not guaranteed and will be based on availability and location.

Additional fee for Corners (2 sides facing aisles)

_____ x \$100/10x10 booth _____ x \$50/10x5 booth

End of Row Section Fee _____ x \$50

BOOTH FEE:	\$ _____
CORNER FEE:	\$ _____
END OF ROW SECTION FEE:	\$ _____
SUBTOTAL:	\$ _____
5% GST:	\$ _____
TOTAL PAYABLE:	\$ _____

Exhibitors Please Note: Your exhibit décor must reflect the spirit of the Holiday Season

FOR OFFICE USE ONLY

Accepted by Show Management: _____ Date: _____

Booth Number(s) Assigned: _____ Payment Received: \$ _____

BC Artisan

MARKETING SOCIETY
PO Box 39048, Panorama PO, Surrey, BC V3S 9A7
Tel: 604.543.4593 Fax: 778.564.3947
Email: info@westcoastchristmasshow.com



Eligibility Questionnaire for Artisan/Crafter Exhibitor/Vendor

- A. Name of Artisan/Business: _____
- B. Location of retail sales (if any) _____
- C. Owner/Artisan: _____
- D. Describe your business/products: _____

- E. Are any of your products imported or created by a third party, please explain:

- F. Number of Employees working for you(if any): _____
- G. If products sold through other retail outlets, please provide list.

- H. Products to be exhibited/sold at West Coast Christmas Show, please list **and provide pictures either by email as jpeg images, web link or pictures by mail to our office:**

I certify that the information above is true and accurate and this is the first time I would be exhibiting at the West Coast Christmas Show & Artisan Marketplace:

Signature of artisan/business owner

Date

