



EXHIBITOR SECURITY REQUEST

(Effective January 1, 2007)

This form is your official invoice – please keep a copy for your records
 All Prices Subject to Applicable Taxes
 All Prices Subject to Change Without Notice

EVENT #: 20012

EVENT INFORMATION:

EVENT NAME: THE 19TH IUHPE WORLD CONFERENCE BOOTH NUMBER:

EVENT DATES: JUNE 10 – 15, 2007

DATE(S) SECURITY REQUIRED: _____
 (SPECIFY EACH DATE REQUIRED)

CUSTOMER INFORMATION:

COMPANY NAME: _____

COMPANY ADDRESS: _____
Street City Province/State Postal/Zip Code

ON-SITE CONTACT NAME: _____ TELEPHONE #: () _____

E-MAIL: _____ FAX #: () _____

DISCOUNT RATE UP TO 7 DAYS PRIOR TO MOVE-IN

SHIFT TIMES	X RATE	X # OF DAYS	TOTAL
= _____ HOURS	\$23.25/Hr.		
= _____ HOURS			
= _____ HOURS			

STANDARD RATE UNDER SEVEN DAYS TO MOVE-IN (MINIMUM 24 HOURS NOTICE REQUIRED)

SHIFT TIMES	X RATE	X # OF DAYS	TOTAL
= _____ HOURS	\$26.50/Hr.		
= _____ HOURS			
= _____ HOURS			

ORDERS UNDER 24 HOURS NOTICE WILL BE CALCULATED @ \$28.50 / HOUR

SPECIAL INSTRUCTIONS:

PAYMENT INFORMATION: To fax your form or for further inquiries: _____
 Make Cheques Payable to: _____

VCEC
 200 – 999 Canada Place
 Vancouver, BC Canada V6C 3C1

Call (604) 647-7206
Fax (604) 647-7325

Discount Rate applicable up to 7 days prior to move-in date. Make all payments in Canadian Funds. All orders must be accompanied by payment.

SUB TOTAL _____

6% GST (#R100432764) _____

TOTAL CANADIAN _____

- Cash
 Cheque
 Money Order
 Visa
 MasterCard
 American Express
 Bank Wire Transfer# (Add \$10.00 Service Charge to total): _____

Credit Card Number: _____ Expiry Date: _____

Print Name as it Appears on Card: _____

I hereby authorize the VCEC or its agents to provide the service(s) described above and agree to assume complete responsibility for all charges for service.

Authorized Signature: _____

Print Name and Title of Authorized Representative