

# ANCASTER-2023 VENDOR APPLICATION

**Can-Am Equine Marketing Inc.**  
 RETURN APPLICATION SCANNED TO BILL BROWN AT:  
[canambooking8@gmail.com](mailto:canambooking8@gmail.com)  
 20 DAWSON ROAD GLEN MORRIS N0B 1W0  
 Cell: 519-221-1790

**CAN-AM ALL BREED EQUINE EXPO, MARCH 31-APRIL 2 2023, ANCASTER, ONTARIO**

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS – STREET: \_\_\_\_\_ CITY : \_\_\_\_\_

PROVINCE/STATE: \_\_\_\_\_ POSTAL CODE/ZIP CODE: \_\_\_\_\_

PHONE : (     ) \_\_\_\_\_ TOLL FREE : (     ) \_\_\_\_\_

FAX: (     ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: (     ) \_\_\_\_\_ WEBSITE: \_\_\_\_\_

BOOTH REQUIREMENTS: BASIC BOOTH IS 10 X 10 OR MULTIPLE THERE OF

NUMBER OF SQUARE FEET REQUIRED: \_\_\_\_\_

PRODUCT/SERVICES DESCRIPTION: PLEASE PROVIDE A COMPLETE DESCRIPTION OF THE PRODUCT YOU WISH TO SELL.  
 NOTE: ONLY THOSE ITEMS DESCRIBED IN THE OFFICIAL CONTRACT WILL BE PERMITTED ON SITE:

\_\_\_\_\_  
 \_\_\_\_\_

	PAID IN FULL BY MARCH 15, 2023	ENTER YOUR SPACE REQUIREMENTS HERE	CORNER UNIT	
AREA IN SQ FT	\$ PER SQ FT		EXTRA \$100 PER CORNER	DEPOSIT REQUIRED AT BOOKING
100+	\$13.00SQ FT			\$250.00
200+	\$12.00 SQ FT			\$250.00
400+	\$11.00 SQ FT			\$250.00
800+	\$10.00 SQ FT			\$250.00
100 OUTSIDE SPOT		**Inquire for outdoor vending rates		\$250.00
CORNER END			+ \$100.00	\$100.00

DEPOSIT IS **NOT** REFUNDABLE FOR ANY REASON IF APPLICATION IS CANCELLED

**SUBTOTAL** \_\_\_\_\_

APPLICATIONS RECEIVED WITHOUT THE REQUIRED DEPOSIT WILL **NOT** BE PROCESSED. IF NO SPACE IS AVAILABLE, DEPOSIT WILL BE RETURNED.

**HST 13%** \_\_\_\_\_

**THIRD PARTY TWO MILLION LIABILITY CERTIFICATE REQUIRED**

**SUBTOTAL** \_\_\_\_\_

BOOTH LOCATIONS ARE SUBJECT TO CHANGE AT THE DISCRETION OF EVENT MANAGEMENT.

**REQUIRED DEPOSIT (DUE WITH THIS FORM)** \_\_\_\_\_

\*MAKE CHEQUES PAYABLE TO CAN-AM EQUINE MARKETING INC.

**BALANCE DUE** \_\_\_\_\_

**\$250 NON-REFUNDABLE DEPOSIT PAYMENT IS DUE BY FEBRUARY 15, 2023 TO RESERVE YOUR BOOTH SPOT. MUST ACCOMPANY APPLICATION FOR PROCESSING**

AUTHORIZED SIGNATURE \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_

PAYMENT \_\_\_\_\_ CIRCLE ONE:    VISA    MASTERCARD    CHEQUE    E-TRANSFER

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: (MM/YY) \_\_\_\_\_ VALIDATION CODE: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

\_\_\_\_\_