



ROYAL MANITOBA WINTER FAIR – March 25th – March 30th, 2019

CONCESSIONAIRE APPLICATION FOR CONCESSION SPACE

Provincial Exhibition of Manitoba
Unit 1A – 1200 13th Street, Brandon, MB R7A 4S8
Phone: (204)726-3590 Fax: (204)725-0202
www.royalmanitobawinterfair.com tradeshow@provincialex.com

Please visit our website www.royalmanitobawinterfair.com after October 1, 2018 to download the 2019 Concessionaire's Manual. If you do not have access to the Internet, please contact our office and we will mail one to you.

NOTE: All applications are subject to review and approval. Application submission does not guarantee space. **A 50% deposit is required with the application.** Applications not accepted will have their application fee fully refunded. Applications will not be reviewed for space availability unless all required information is complete.

Company Name: _____

Address: _____

City, Prov: _____ Postal Code: _____

Contact Person: _____ Phone: _____

Email: _____ Cell: _____

Website: _____ Fax: _____

Correspondence Contact: _____

Correspondence Email: _____

List all menu and other items you wish to sell including beverages. Should your application be accepted, you will be permitted to sell menu items that are approved. You will be notified if there are items which you will not be permitted to sell.

By signing this application the Exhibitor agrees to allow their contact information to be released and used for advertising purposes in conjunction with the Personal Information & Protection Act. By signing this application the exhibitor also agrees to allow the Provincial Exhibition to give out their contact information to consumers for sales and customer service information. If you do not want your information released, please check off the box below.

No, I do not want to release my contact information.

Concession Space Rates (includes 8' draped back and 3' draped sides)

20% of gross sales or booth cost listed below, whichever is greater.

Manitoba Room & UCT Pavilion (10'w x 10'd)	\$830.00
Blue Hallway (10'w x 8'd)	\$745.00
Main Street (10'w x 8'd)	\$550.00
Arena Concourse (10'w x 8'd)	\$880.00
Main Concourse (10'w x 8'd)	\$995.00
Corner Booth Fee (booth open on 2 sides)	\$125.00

Concessionaire Application

Preferred Location (please list location): _____

Rate: # of 10' x 10' Booths: _____ x Rate: \$ _____ = \$ _____

Early Registration Discount (deduct \$75 if full payment is received before Dec.15, 2018) \$ _____

Rate Subtotal: \$ _____

Electricity: \$2.00 per amp (minimum of 30 AMPS): \$ _____

Electrical Requirements: AMPS: _____ VOLTS: _____ Phase: _____ Plug End or Hard Wire: _____

Corner Booth Fee: \$125.00 \$ _____

Exhibitor Passes

Each booth space comes with 2 weekly gate passes for your workers to enter the fair.
If you would prefer daily passes, there is a \$15.00 fee to convert a weekly pass to daily passes.

Exhibitor Passes: \$11.50 daily pass X _____ = \$ _____

\$69.00 weekly pass X _____ = \$ _____

CAFÉ Fee: CAFÉ Non-Member = \$25

CAFÉ Member = \$0 (Membership #: _____) \$ _____

Final Subtotal: (Rate Subtotal + additional fees) \$ _____

Credit Card Processing Fee: (if applicable) (3% of final subtotal) \$ _____

Plus GST: (5% of final subtotal) \$ _____

TOTAL DUE: (add final subtotal, credit card processing fee & GST) \$ _____

50% Deposit Required with Application.

Final payment is due by December 15th, 2018 (Early Registration Discount) or January 31st, 2019.

Payment Information:

Indicate form of payment: Cheque #: _____ VISA: _____ or MasterCard: _____

** Please make cheques payable to: Provincial Exhibition of Manitoba*

Credit Card #: _____ Expiry Date: _____ / _____

Cardholder Name: _____

Cardholder Signature: _____

Please initial to indicate that you will read, understand and agree to the following:

2019 Concessionaire's Manual: _____

Insurance Requirements: _____

Fire Regulations: _____

The Provincial Exhibition reserves the right to deny any application/contract for any reason. There will be **no refunds** issued for cancelled space after January 31, 2019. **Certificate of insurance is required with signing of final contract.**

I am an authorized representative of the above named organization with the full power and authority to sign and deliver this application. The company agrees to comply with all of the policies contained in the Concessionaire's Manual.

Signature of Concessionaire Contact _____ Date _____