

## Expo Registration Form

22nd North American Mushroom Conference Vancouver British Columbia Canada June 22-24, 2013





Application Information:	·
Company Name:	
Contact Person:	
Address:	
City: Prov./State:	Postal Code/Zip Code:
Telephone:	Fax:
Email:	
Expo Schedule:	
Set-Up Hours: Saturday June 22, 1:00pm to 5:00pm Teardown Hours: Monday June 24, after 4:00pm	Expo Hours*: Saturday June 22, 6:00pm to 8:00pm Welcome Reception Sunday June 23, 3:00pm to 5:00pm
* Sunday and Monday: Breakfast and Lunch Buffets in EX	
Booth Selections:	
Each exhibitor is limited to one (1) 8'x10' booth. Electrical order of preference. Exhibit booths will be assigned in ord	service is included in the exhibit fee. List booth numbers in er of receipt of paid Expo Registration.
1st Choice: 2nd Choice:	3rd Choice:
Special Note: In consideration of fellow exhibitors, excessive booth noise will not be permitted. Audio-visual, electrical and other mechanical sounds must not disturb other exhibitors.	
Registration:	
Booth (Every Booth Registration includes one (1) full Business Registration - Value \$695).  Additional Staff must register for the conference (see Registration Form).	
Payment:	
Payment must be sent with the application in order to be bank draft or VISA, made payable to Mushrooms Canada.	
Visa Card #:	Exp. Date:
Print Name on Card:	Signature:
Cancellations:	
All refund requests must be submitted in writing. Cancellations received before May 1, 2013 will receive a 50% refund.  Mail or Fax Completed Form To:	For Office Use Only:  Date Received:  Amount Received:
Mushrooms Canada 7660 Mill Rd. R.R.#4, Guelph, Ontario, Canada N1H 6J1 tel: 519.829.4125 fax: 519.837.3369	Payment Method:  Booth Number:

\*Fax only available during business hours