



EXHIBIT SERVICES SECURITY 2019

This form is your official invoice – please keep a copy for your records. All services are sold on a per booth or per exhibitor basis, and must be accompanied by payment in Canadian funds. All prices are subject to applicable taxes and/or change without notice. Credit will not be given for orders cancelled with less than 48 hours notice.

EVENT #

BOOTH #

EVENT INFORMATION

EVENT NAME

EVENT DATES

CONTACT INFORMATION

COMPANY NAME

ADDRESS

Street

City

Province / State

Postal / ZIP Code

CONTACT NAME

EMAIL

TELEPHONE

All security shifts must be ordered for a minimum 4 hour call. On-site shift extensions are billed at \$67.00/hour and subject to availability. Cancellations under 48 hours are non-refundable.

BOOTH SECURITY SERVICES

SECURITY EXHIBIT BOOTH

Date	Shift Time	# of Hours	Advance Rate (21 days prior to event move-in)	Standard Rate (Under 21 days to event move-in)	Late Rate (Under 48 hrs to event move-in)	Total
			\$33.50/hour	\$35.00/hour	\$67.00/hour	
			\$33.50/hour	\$35.00/hour	\$67.00/hour	
			\$33.50/hour	\$35.00/hour	\$67.00/hour	

SECURITY EXHIBIT BOOTH
(Canadian Statutory Holiday)

Date	Shift Time	# of Hours	Advance Rate (21 days prior to event move-in)	Standard Rate (Under 21 days to event move-in)	Late Rate (Under 48 hrs to event move-in)	Total
			\$50.25/hour	\$52.50/hour	\$100.50/hour	
			\$50.25/hour	\$52.50/hour	\$100.50/hour	
			\$50.25/hour	\$52.50/hour	\$100.50/hour	

ADDITIONAL INFORMATION / GUARD BRIEFING INSTRUCTIONS:

MANUAL PROCESSING FEE \$30.00

SUBTOTAL

GST 5%

TOTAL

PAYMENT INFORMATION

Visa MasterCard American Express

Make cheques payable to:
Vancouver Convention Centre
1055 Canada Place
Vancouver, BC, Canada
V6C 0C3

Bank Wire Transfer (Processing fees apply)

CREDIT CARD #

EXP

NAME AS IT APPEARS ON CARD

To fax your form or for further inquiries Call: 604-647-7480 or Fax: 604-647-7325

I hereby authorize the Vancouver Convention Centre or its agents to perform the service(s) described above and agree to assume complete responsibility for all charges for service.

Authorized Signature

Name & Title of Authorized Representative

Date MM/DD/YY