

# CONSUMER TRAVEL SHOWS

SERVICE AGREEMENT



**TOURISM NIAGARA**  
DIVISION OF NIAGARA ECONOMIC  
DEVELOPMENT CORPORATION

Please complete and return by fax to Tourism Niagara - FAX: 905-688-5907

CONTACT INFORMATION		
Name of Business	Date	
Street Address	City	Postal Code
Contact Person	Title	
Phone Number	Ext.#	Fax
Website Address	E-mail Address	

Please indicate your participation in the desired show by putting a  in the participation box. Also, if you are interested in helping to staff at a consumer show, please indicate by putting a  in the staffing box and indicate day (Note - One day per property, first come, first served). Please note the quantity of brochures required for each show. Please count the appropriate number, **label and package each separately** and deliver to the Gateway Niagara Centre by the dates indicated below.

It is your responsibility to make sure that your brochures arrive at the Gateway Niagara Centre, 424 South Service Road, Grimsby, ON, L3M 5A5. Brochure deliveries cannot be accepted at the Tourism Niagara office. No presentation folders or multi-stapled brochures! Spring shows will be billed May, 2008; fall show will be billed October, 2008.

To include your brochure in these travel show packages, please make your selections and fax in this contract. This program is on going and we welcome submissions throughout the year, however, we request that you complete the contract and return it to our office by **January 8, 2008**.

**\* BONUS - Register for all 3 shows and pay only \$350**

SHOW	DATES 2008	STAFFING	# OF BROCHURES REQUIRED	DATE NEEDED	INDICATE PARTICIPATION	COST
Toronto International Bicycle Show	March 7 to 9	N/A	750	February 1	<input type="checkbox"/>	\$150
Ottawa Vacation Show	April 5 to 6	<input type="checkbox"/>	750	March 7	<input type="checkbox"/>	\$150
Ottawa Wine and Food Show	November 2 to 4	<input type="checkbox"/>	750	October 5	<input type="checkbox"/>	\$150
<b>* BONUS - All 3 Shows</b>						<b>\$350</b>

SUBTOTAL \$ \_\_\_\_\_

5% GST (Reg. #89601-9445) \$ \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

X \_\_\_\_\_

Authorized Signature (please sign and return)

By signing this document I agree to contract pricing noted above

## METHOD OF PAYMENT

Cheque Enclosed     Please Invoice     Visa/Mastercard

For credit card payment, please provide the following:

Card Number: \_\_\_\_\_ Expiry Date (mm/yy): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

## FOR OFFICE USE ONLY

Invoice # \_\_\_\_\_ Client # \_\_\_\_\_ Inv. Date: \_\_\_\_\_ Payment Date: \_\_\_\_\_