



# Toronto International Boat Show

January 13 - 22, 2012

## Working Exhibitor Information

**Contract Number:**  
**Account Number:**

**Canadian Boat Shows**  
14 McEwan Dr. W., Unit 8, Bolton, ON L7E 1H1

**Due Date: Nov. 22, 2011**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City Prov/State Postal Code/Zip

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Web: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**We do not have any working dealers**

If space is contracted to a manufacturer, please list all dealers that will be working in your space. If space is contracted to a dealer, please list all factory representatives that will be working in your space. We will forward a separate badge order form directly to each Working Exhibitor listed.

**Primary working exhibitor responsible for managing the exhibit:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Prov/State, Postal Code/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**List Additional Working Exhibitor Companies**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Prov/State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Prov/State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Note: Any changes to working exhibitor companies & contacts must be forwarded immediately. We will forward a separate badge order form directly to each Working Exhibitor listed above. By signing and submitting this form to Canadian Boat Shows, exhibitor acknowledges, agrees and consents to receipt of notices from Canadian Boat Shows and its affiliates by facsimile or electronically, using the contact information set forth on this form.

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**QUESTIONS?**

Please Contact: Danielle Oliver Email: [doliver@canadianboatshows.com](mailto:doliver@canadianboatshows.com) Phone: 905-951-0009 Fax: 905-951-0018

Printed: November 1, 2011

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Prov/State: \_\_\_\_\_  
Postal Code/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
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