



# EXHIBITOR SECURITY REQUEST 2014

This form is your official invoice – please keep a copy for your records  
All Prices Subject to Applicable Taxes  
All Prices Subject to Change Without Notice

EVENT #: 34450

### EVENT INFORMATION:

EVENT NAME: **SIGGRAPH 2014**

BOOTH NUMBER:

EVENT DATES: **AUGUST 12-14, 2014**

DATE(S) SECURITY REQUIRED: \_\_\_\_\_  
(SPECIFY EACH DATE REQUIRED)

### CUSTOMER INFORMATION:

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
Street City Province/State Postal/Zip Code

ON-SITE CONTACT NAME: \_\_\_\_\_ TELEPHONE #: ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

#### DISCOUNT RATE UP TO 7 DAYS PRIOR TO EVENT MOVE-IN DATE (4 hour minimum call time for all labour)

SHIFT TIMES	X RATE	X # OF DAYS	TOTAL
= _____ HOURS	\$28.00/Hr.		
= _____ HOURS			
= _____ HOURS			

#### ORDERS RECEIVED 48 HOURS & UNDER (NEW OR CHANGES, CANCELLATIONS NON-REFUNDABLE)

SHIFT TIMES	X RATE	X # OF DAYS	TOTAL
= _____ HOURS	\$49.00/Hr.		
= _____ HOURS			
= _____ HOURS			

#### ORDERS PRIOR TO 48 HOURS NOTICE FOR CANADIAN STATUTORY HOLIDAYS @ \$56.00 / HOUR ORDERS 48 HOURS & UNDER NOTICE FOR CANADIAN STATUTORY HOLIDAYS @ \$98.00/ HOUR

### SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT INFORMATION:

Make Cheques Payable to:

**Vancouver Convention Centre  
1055 Canada Place  
Vancouver, BC Canada V6C 0C3**

To fax your form or for further inquiries:

**Call (604) 647-7206**

**Fax (604) 647-7325**

Discount Rate applicable up to 7 days prior to event move-in date. Make all payments in Canadian Funds. All orders must be accompanied by payment.

**SUB TOTAL**

**5.00% GST (#100432764)**

**TOTAL CANADIAN**

- Cash   
 Cheque   
 Money Order  
 Visa   
 MasterCard   
 American Express   
 Bank Wire Transfer# (Add \$10.00 Service Charge to total): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Print Name as it Appears on Card: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

Print Name and Title of Authorized Representative