BOOKING FORM OF,

LAVAL, PLACE FORZANI, JANUARY 24th TO 27th, 2019

BUSINESS NAME :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROV : \_\_\_\_\_\_\_ ZIP : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MANAGER : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ PHONE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRODUCT(S) /SERVICE(S) OFFERED : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPACE ONLY ALL INCLUDE (SPACE AND COMPLETE BOOTH+CARPET)

QTY # SPACE DIMENSION PRICE QTY # SPACE DIMENSION PRICE

\_\_\_\_ \_\_\_\_\_\_\_ 10 X 10 $ 1250.00 =\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_ 10 X 10 $ 1725.00 =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ \_\_\_\_\_\_\_\_ 10 X 20 $ 2350.00 =\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_ 10 X 20 $ 3250.00 =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ CORNER $ 150.00 = \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ CORNER $ 150.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ ELECT. 15 AMPS $ 125.00 =\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ ELECT.15 AMPS $ 125.00 =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We agree to pay a deposit of 500$ to confirm this reservation. I therefore autorize the National Outfitter Show to charge this amount on my credit card.

\_\_\_\_\_\_ MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_ INCLUDE BANK CHECK \_\_\_\_\_\_\_ BANK CHECK COMING

# CARD : \_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ EXP : \_\_\_\_\_\_\_\_\_\_\_

OWNER : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE, SEND THIS FORM BY :

EMAIL : [salonchassepeche@pourvoirie.net](mailto:salonchassepeche@pourvoirie.net) OR FAX : 450-835-0067

IF IT’S BANK CHECK: SALON NATIONAL DE LA POURVOIRIE

SEND IT TO : 300, RUE PRINCIPALE

SAINT-DIDACE, P. QUÉ J0K 2G0