



AACS/SPD

“COLLEGE OF CLEAN”

EXHIBITOR’S ALLOCATION FORM

Company: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Description of type of products you will display:

Exhibit Space (10’ x 10’); 8’ Skirted table with 2 folding chairs

I require one exhibit space (\$500.00) _____

Two exhibit spaces – an additional (\$250.00) _____

I require an electrical outlet _____

Additional electrical outlet for additional space _____

I do NOT require a table for my exhibit space _____

Please submit your application with cheque before September 15, 2011 as space will be limited.

Please make your cheque payable to “Alberta Association Central Service” and send to :

Alberta Association C.S./S.P.D.

c/o Oliver Etcu, Treasurer

Grey Nuns Hospital

1100 Youville Drive West

Edmonton Alberta T6L 5X8

Tel. 780-735-7768; Fax. 780-735-7836