

Section 1 Show and Company Information

Event:		Event Date:	
Company Name:			
Address:			
City:	Province/State:	Postal Code/Zip Code	
Phone:	Ext:	Fax:	
Email:		Contact Person:	
Signature:		Date:	
		Booth #:	SQ. FT.:

NOTE:

- Rates (includes cleaning of floors and emptying wastebaskets nightly)
- Additional charges would be pending for carpet in need of special attention due to food sampling demonstration, wood, metal or form shavings, grease or oil.
- Porter service and additional exhibit cleaning is also available please call for arrangements.
- Please insure any protective floor covering is removed by 6:00pm on the last move in date. Caldas will not be responsible for removal of floor covering.

Section 2 Initial Cleaning Information (Initial cleaning is done the night before first show day opening)

100 – 600 sq. ft	\$0.17/sq.ft. x _____	x _____	x 1 Day = \$ _____
601 – 1000 sq. ft	\$0.15/sq.ft. x _____	x _____	x 1 Day = \$ _____
1001 and over sq. ft	\$0.13/sq.ft. x _____	x _____	x 1 Day = \$ _____

Section 3 Nightly Cleaning Information (Must be more than one clean. Please list which nights under required cleaning dates.)

100 – 600 sq. ft	\$0.14/sq.ft. x _____	x _____	Days = \$ _____
601 – 1000 sq. ft	\$0.12/sq.ft. x _____	x _____	Days = \$ _____
1001 and over sq. ft	\$0.09/sq.ft. x _____	x _____	Days = \$ _____
Carpet Shampooing	\$0.27/sq.ft. x _____	x _____	Days = \$ _____
Rental of 35 gallon Waste Container.....	\$11.00/per day x _____	x _____	Days = \$ _____
Double-Sided Cloth Tape 36mm x 55m (1 ½" x 108') roll	\$16.00/per roll x _____		= \$ _____
Please list any special requirements and/or services required (subject to additional charges)		SUBTOTAL	\$ _____
_____		H.S.T. #R866253842	13% _____
_____		TOTAL	\$ _____
Required cleaning dates:			

Section 4 Payment Information

All orders must be received and paid in full as least 7 days prior to move in date. A 20% surcharge will be added to all orders received after this date. Incomplete orders cannot be processed. CALDAS reserves the right to adjust orders not calculated accurately or received after the deadline date. Bank transfers please add \$25.00 bank charge to your payment.

Payment: Visa Cheque (Payable to Caldas Building Services Inc.)

Card # _____ Expiry Date: ____/____

CARDHOLDER NAME: _____ SIGNATURE: X _____

I AUTHORIZE CHARGING ANY UNPAID BALANCE TO MY CREDIT CARD