



EXHIBITOR APPLICATION FORM

HEALTH AND FITNESS EXPO

Thursday, May 23, 2019 – Saturday, May 25, 2019

Please complete the information below and email to:

✉ **Attn:** Jim Robinson
Tamarack Ottawa Race Weekend
45-5450 Canotek Rd.
Ottawa, ON K1J 9G2

Email: jim@runottawa.ca
Cell: 613-447-3337
Office: 613-234-2221

MY BOOTH PREFERENCES: 1ST CHOICE: _____ 2ST CHOICE: _____ 3ST CHOICE: _____

Note: The Tamarack Ottawa Race Weekend reserves the right to modify the floor plan or position an exhibitor in space other than selected

Exhibiting Company Name

Address

City

Province/State

Postal / Zip Code

Country

Cell phone # during expo

Email

Website address

Description of product/service

Please e-mail your request to jim@runottawa.ca Once your request has been approved by the Expo Coordinator you will be directed to Race Roster (if paying by credit card) to submit payment either in full or the mandatory \$500 deposit to secure your booth(s). The mandatory \$500 deposit is required to secure your request.



EXHIBITOR APPLICATION FORM

(Continued)

EXPO PRICING

		QTY			SUBTOTAL
10X10 feet / Commercial	\$2000	X _____	=	\$	_____
10X10 feet / Charity	\$1000	X _____	=	\$	_____

VIRTUAL EVENT BAG

		QTY			SUBTOTAL
STANDARD AD SPACE	\$225	X _____	=	\$	_____
		_____			_____

+13% HST

TOTAL DUE

If paying by cheque, either in full or for mandatory \$500 deposit, please make cheque payable to National Capital Marathon Inc. and mail to:

Jim Robinson, Expo Coordinator
 5450 Canotek Rd, Unit 45
 Ottawa , Ontario
 K1J9G2

By signing this Application and Agreement, the Applicant agrees to be bound by the terms hereof :

 Name of Contact Person

 Authorized Signature

 Date