

EXHIBITOR APPLICATION FORM

HEALTH AND FITNESS EXPO

Thursday, May 21, 2020 - Saturday, May 23, 2020

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 PREFERENCE	CES: 1 ST CHOICE:2 ST	CHOICE:3 ST CHOICE:	
Note: The Tamarack Otta	awa Race Weekend reserves the rig	ght to modify the floor plan or position an	exhibitor in space other than selected
Exibiting Company Name			
Address			
City	Province/State	Postal / Zip Code	Country
Cell phone # during expo		Email	
Website address			
Description of product/service	ce		

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.



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Continued)

EXPO PRICING		QTY	SUBTOTAL
10X10 feet Commercial/Not-for-profit	\$2000	X :	= \$
10X10 feet Charity Booth (limited quantity)	\$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, pleas National Capital Marathon Inc. and mail to:	se make cheque pa	ayable to	
Jim Robinson, Expo Coordinator			
5450 Canotek Rd, Unit 45 Ottawa , Ontario K1J9G2			
By signing this Application and Agreement, the Applicant agrees to be	e bound by the terr	ms hereof :	
Name of Contact Person			
Authorized Signature	Date		