

Authorized Signature

PAYMENT AUTHORIZATION FORM

Exhibitor Information				
EVENT NAME:	EVENT DA	EVENT DATES:		
Company Name:				
Address:	City:	Prov./State:	Postal/ZIP:	
Contact Name:	Email:		Phone:	
Credit Card #		Exp. Date:	_	
Cardholder Name:		CVD#:		
Authorized Amount to be Charged	:\$			
NOTE:				
1. All prices are subject to applica				
2	becial wiring will be charged o	n a time and material basis.		
 Work performed in booth or s No refunds will be issued on o 				
3. No refunds will be issued on o	riginal orders.	ovided.		
3. No refunds will be issued on o	riginal orders. ssued for electrical service pro	ovided.		

Name & Title of Authorized Representative

Email your form to: services@wcc.mb.ca

For further inquiries or information call Exhibitor Services at 204-957-4538

Date MM/DD/YY