RBC Convention Centre
WINNIPEG

PAYMENT AUTHORIZATION FORM

Exhibitor Information

EVENT NAME:_____EVENT DATES:_____BOOTH #:_____

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 applicable taxes and subject to change without notice.
2. Work performed in booth or special wiring will be charged on a time and material basis.
3. No refunds will be issued on original orders.
4. Credits or refunds will not be issued for electrical service provided.
5. All orders must include P.S.T. and G.S.T.
6. All utility rates charged will be in accordance with the Website or Standard Rate.

_____

Authorized Signature | Name & Title of Authorized Representative | Date MM/DD/YY

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