

## 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 are calculated by total Booth square footage. (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 4:00pm on the last move in date. Caldas will not be responsible for removal of floor covering.
- **All orders must be received and paid in full one (1) week prior to move in date.**

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

100 – 600 sq. ft .....	\$0.24/sq.ft. x _____	x _____	x 1 Day	= \$ _____
601 – 1000 sq. ft .....	\$0.21/sq.ft. x _____	x _____	x 1 Day	= \$ _____
1001 and over sq. ft .....	\$0.19/sq.ft. x _____	x _____	x 1 Day	= \$ _____

## Section 3 Nightly Cleaning Information (Any additional cleaning after Initial Clean. Please list which nights under required cleaning dates.)

100 – 600 sq. ft .....	\$0.21/sq.ft. x _____	x _____	x _____ Days	= \$ _____
601 – 1000 sq. ft .....	\$0.18/sq.ft. x _____	x _____	x _____ Days	= \$ _____
1001 and over sq. ft .....	\$0.15/sq.ft. x _____	x _____	x _____ Days	= \$ _____
Carpet Steam cleaning (Minimum charge \$70.00).....	\$0.40/sq.ft. x _____	x _____	x _____ Days	= \$ _____
Rental of 35 gallon Waste Container (with spandex cover and lid) ...	\$25.00/per day x _____	x _____	x _____ Days	= \$ _____
Double-Sided Cloth Tape 36mm x 55m (1 1/2" x 108') roll .....	\$20.00/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 at least 7 days prior to move in date. A 25% 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 \$30.00 bank charge to your payment.

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

Card # \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_ SIGNATURE: X \_\_\_\_\_

I AUTHORIZE CHARGING ANY UNPAID BALANCE TO MY CREDIT CARD