International Beam Instrumentation Conference (IBIC) Exhibitor Booth Order Form



www.lightsource.ca/ibic2023

Mailing Address: IBIC c/o On Purpose Leadership
301 Ontario Avenue
Phone: (306) 652-1479
Email: karen@turnereventmanagement.com

Saskatoon, SK S7K 1S3

BILLING INFORMATION								
Company Name								
First Name		Last Name		Title				
Address								
City	Province		Country		Ро	Postal Code		
Phone (Business)			Phone (Cell)					
Email			Fax					
Website address								
BOOTH CONTACT								
This person will receive all correspondence relating to exhibiting at the IBIC2023 event. (This includes all Exhibitor Updates, Floor Plans, etc.)								
☐ Same person as listed above or								
First Name			Last Name					
Telephone			Fax					
Email								
EXHIBITOR PACKAGE								
Booth Includes:	2	2023 Exhibitor Rate	Quantity	GST (5%))	Total		
10 x 10 hardshell booth, 2 chairs, 1 ta & 120v electrical	ble	\$4,000 CAD						
10 feet x 10 feet space (3 meters x 3 meters)								
PAYMENT								
Please check method of payment: (payment option available)				SUBTO	DTAL			
☐ Cheque payable to IBIC (Canadian funds only) ☐ Wire CA\$ ☐ E-transfer CA\$								
				TOTAL AMOUNT				

DUE

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TRADE SHOW FLOOR LOCATION					
Slots will be allocated in the order in which applications and payments are received.					
TERMS AND CANCELLATION POLICY					
If cancellation is received on or before June 15, 2023, full registration cost minus banking adminis to the exhibitor. If cancellation is received after June 15, 2023, registration cost shall be refunded sold; otherwise, no refunds will be given.					
LEGALITY					
IBIC may take photographs and video and may use them in IBIC news or promotional materials whether in print, electronic, or other media, including the IBIC website. By participating in the IBIC Expo, all representative of your company grants IBIC the right to use your company name and photograph for such purposes. (Promotional materials). We agree and acknowledge that we are participating in the IBIC Expo and activities of our own free will, and we are fully aware that possible physical injury may occur to me as a result of our participation in these events. We give this acknowledgment freely and knowingly and that we are, as a result able to participate in events, and we do hereby assume full responsibility for our own well-being.					
If this application is accepted, the Exhibitor agrees to be bound by the terms and conditions outlined here. The undersigned is fully authorized to commit the Exhibitor to all terms and conditions of this contract.					
Note: Although the event will be insured exhibitors are responsible to provide their own contents' insurance.					
Signature	Date				
Please send me: ☐ Information on Sponsorship Opportunities					
Exhibitor Badge issued in the name of:					
First Name Last Name	_				
Registered exhibition staff (1) will have access to lunches, symposium sessions, the banquet, Any extra staff need to register online.	dinner party, or tours.				
Upon receiving this completed order form a confirmation email will be sent.					