

Section 1 Show and Company Information

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|--|-----------------------|--|
| Event: Toronto Sportsmen's Show | | Event Date: March 16 – 19, 2023 |
| Company Name: _____ | | |
| Address: _____ | | |
| City: _____ | Province/State: _____ | Postal Code/Zip Code _____ |
| Phone: _____ | Ext: _____ | Fax: _____ |
| Email: _____ | | Contact Person: _____ |
| Signature: _____ | | Date: _____ |
| Booth #: _____ | | SQ. FT.: _____ |

NOTE:

- Electrostatic disinfecting fogging of all surfaces in booth space.
- Rates are calculated by total Booth square footage.
- Product may leave a haze on surfaces (e.g., high gloss surfaces)
- MSDS Sheet available upon request.
- Please ensure all food consumable/tableware are removed or covered from surfaces being fogged prior to the end of each event day. Caldas will not be responsible for removal or covering of these items.
- **All orders must be received and paid in full by March 1st, 2023.**

Section 2 Nightly electrostatic disinfecting fogging Information (Please list which nights under required fogging dates.)

| | | | |
|---|-----------------------|--------------------|-----------------|
| 100 – 600 sq. ft | \$0.20/sq.ft. x _____ | x _____ | Days = \$ _____ |
| 601 – 1000 sq. ft | \$0.18/sq.ft. x _____ | x _____ | Days = \$ _____ |
| 1001 and over sq. ft | \$0.16/sq.ft. x _____ | x _____ | Days = \$ _____ |
| Please list any special requirements and/or services required (subject to additional charges) | | SUBTOTAL | \$ _____ |
| _____ | | H.S.T. #R866253842 | 13% _____ |
| _____ | | TOTAL | \$ _____ |
| Required fogging dates: _____ | | | |

Section 3 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