

**CMS Summer 2001 Meeting
University of Saskatchewan, Saskatoon, SK
Exhibit Programme - June 2 - 4
Arts 143 Foyer**

CONTRACT FOR EXHIBIT SPACE

Complete form and retain a copy for your files; send original with payment to:
Canadian Mathematical Society, 577 King Edward, POB 450, Station A, Ottawa, Ontario, CANADA K1N 6N5.
Phone: (613) 562-5800, ext. 3480, FAX: (613) 565-1539 (for credit card payments only)

The undersigned agrees to abide by all requirements mentioned in the RULES FOR EXHIBITING.

Company Name (will appear on Booth Sign):		
Mailing address:		
Telephone:	FAX:	
Name of authorized person:	Title:	
Authorized signature:	Date:	
Names of Company Representatives (please also tell us of any food allergies)	1. _____	
	2. _____	
Please indicate preferred and alternate booth locations. Exhibit space is assigned on a first-come, first-served basis. If chosen booths are unavailable, the available space will be assigned as equitably as possible.	Preferred Booth # :	Alternate Booth # :

# booths @ \$ 400 (Cdn) or \$300 (Cdn) for corporate members	\$
all exhibitors, add 7% GST	\$
#_ banquet tickets @ \$ 50.00	\$
GST # 11883 3979 RT100001	TOTAL \$

Payment: Cheque (payable to CMS) VISA MasterCard

If paying by Credit Card: Card #: _____ Expiry: _____

If this is your credit card, print your name as it appears on the credit card and sign your name. If this is not your credit card, print holder's name as it appears on the credit card and have the card holder sign.

Print: _____ Signature _____

Booth Numbers Assigned: _____ Copy of contract faxed to: _____
 Approved by: _____ Decorator _____
 Date confirmed: _____ Broker _____

Executive Office use only