



APPLICATION FOR Taste of Spring Conexus Arts Centre

Friday April 21
Saturday April 22

Client: _____ Phone #: _____
 Contact: _____ Email: _____
 Address: _____ Fax #: _____
 City & Province: _____ Postal Code: _____

DISPLAY TABLE

\$300 per table

Each table includes 2 workers passes per night

4 tickets for Friday night & \$100 in tokens for vendors to use for clients

| | QUANTITY | | TOTAL |
|------------------------------|----------|--|-------|
| Display Table.....,..... | \$350 | | \$ |
| Beach Party Room Table | \$350 | | \$ |
| Additional Tables..... | \$350 | | \$ |
| Power..... | \$75 | | \$ |
| | | | |
| | | | |

Upon payment the client fully agrees to the reservation of the space and purchase of services as stated above and acknowledges that the contract is non-refundable.

| | | |
|----------------------|--|--|
| Subtotal | | |
| GST (5%) | | |
| PST 6% | | |
| Total Payable | | |

Signed for the client:

PAYMENT - SELECT ONE

Visa Card #: _____
 Mastercard Expiry: _____
 E-Transfer Name: _____
 Cash/Cheque Date: (mm/dd) _____

Product information and ordering form will be forwarded once table rental is confirmed

Please return completed form and payment to:

Conexus Arts Centre, C/O Colette Perras
 200A Lakeshore Drive, Regina, SK S4S 7L3
 Phone: 306-539-0203 Fax: 306-565-3274
 Email: colette.perras@conexusartscentre.ca

