

The undersigned (hereinafter, the "EXHIBITOR"), hereby applies for participation in the 2024 RC Show, (the "EVENT") as managed by Restaurants Canada (the "LICENSOR"), which is scheduled to be held from April 8-10, 2024 at the Enercare Centre, Exhibition Place, Toronto.

1. ALL COMPANY INFORMATION FIELDS ARE MANDATORY.

Company Name: _____
 Displayed Exhibiting Company Name: _____
 Address: _____
 City: _____ Province/State: _____ Postal/Zip Code: _____
 Country: _____ Website: _____
 Company Telephone: _____ Company Email: _____

2. BOOTH CONTACT INFORMATION (For Show Planning Communications)

Primary Contact: _____ Title: _____
 Direct Line/Ext: _____ Cell : _____
 Email: _____
 On-site Contact: _____
 Cell : _____ Email: _____

EXHIBITOR hereby consents to Restaurants Canada's use, storage, and processing of the personal information and data provided by EXHIBITOR in connection with this application, as well as for Restaurants Canada's use of such information for marketing and solicitation materials from Restaurants Canada and Official Show Service Suppliers.

3. ACCOUNTING CONTACT INFORMATION (For Invoice Communications)

Invoice Contact: _____
 Direct Line/Ext: _____ Cell : _____
 Email: _____

4. REQUIRED EXHIBITOR INFORMATION

a) Name the brands and company affiliations that will be exhibiting.

b) Does your company export outside Canada? Yes No

d) Will you be sampling food or beverage? Yes No

(If Yes, you must complete the online Temporary Food Establishment Vendor Application)

5. ALCOHOL SAMPLING (Licensed Agents, Brand Ambassadors Only)

a) Will you be sampling alcohol beverages within your booth? Yes No

6. BOOTH SPACE REQUIREMENTS

a) Quantity of booths (per 100 sq. ft.) _____ b) Preferred Booth Location: Same Change New exhibitor

c) Corner Booth: d) Pavilion:

7. ADDITIONAL SERVICE REQUIREMENTS

Costs will apply. Orders must be submitted directly through show suppliers found on our website page Exhibitor Resources

a) Booth will need access to: Water Drain Gas Air

b) Do you require any of the following? Electrical Carpet Table/Chair/Counter Turnkey Booth Insurance

8. EXPOSURE

a) Will you be promoting any special incentives, contests or offers at the Show? Yes No

b) Are you interested in additional PR opportunities to promote/activate your brand(s)? Yes No

c) Would you be interested in becoming a sponsor? Yes No

d) Are you interested in advertising? Yes No

9. AUTHORIZED SIGNATURE

We have reviewed, understand and agree to abide by all [Terms & Conditions](#) hereof and which are a part of this agreement. Acceptance of this agreement by Restaurants Canada constitutes a binding contract.

 Authorized Signature*

 Date

 Authorized Name

 Title

BOOTH FEES & INFORMATION

All prices are listed in CAD.

Standard Booth Rate is \$29.99 per square foot.

Bulk Booth Rate (6 or more) is \$27.99 per square foot.

Additional \$449 charge per corner, if applicable.

HST not included and will be applied to invoice.

All RC Show Exhibitors are required to be associates-in-good-standing of Restaurants Canada.

WHAT'S INCLUDED

- Pipe and Drape booth structure: 8' high black back drape and 3' high black side drape (not applicable to island or peninsula booths)
- Alphabetical and Category listing in the Show Guide
- 6 complimentary exhibitor badges per 10' x 10' exhibit space, to a maximum of 24.

Booth cost **DOES NOT** include electrical, tables, chairs or carpet. Carpet/flooring as well as Event Insurance are **MANDATORY**.

This application must be returned with a 50% payment of Total Booth Rate Fees.

Acceptance of this deposit by show organizer does not constitute an offer of space or facility.

Refer to the Payment Schedule on Page 4.

Returning Exhibitor deadline: August 31, 2023.

New Exhibitor booth selection will be first come, first served

RC SHOW MANAGEMENT USE ONLY

Method of Payment	
Date Received	
Booth Number	
RC Business Associate Dues	= \$
Booth Dimensions	
Total Sq. Ft _____ x \$ _____ = \$	
Number of Corners _____ x \$449 = \$	
Subtotal \$	
Plus 13% HST \$	
Total Cost \$	
Deposit Received \$	
Final Balance \$	
Notes:	
Member ID: _____ Exp: _____	
RC Rep _____	

* Applications received without an authorized signature and deposit will not be processed.

Select one category that your company products falls under:

- Agency / Marketing
- Alcohol
- Apparel
- Association
- Bar Products
- Beverage - non-alcoholic
- Broker
- Décor / Furnishings
- Distributor
- Eco / Sustainable
- Education / Training Program
- Equipment
- Trade Show
- Finance / Accounting Systems
- Food
- Franchise
- Furniture
- Government
- Hotel Products
- Insurance
- Institutions - Colleges / Universities
- Publications / Magazines
- Province / Country
- Service
- Smallwares
- Supplies
- Tablewares
- Technology
- Vehicle

Other _____

When the time comes, you will be asked to login to your portal to update your specific categories and exhibitor listing for the Show Guide and online Exhibitor listing.



PAYMENT AUTHORIZATION FORM
April 8-10, 2024
ENERCARE CENTRE, EXHIBITION PLACE, TORONTO

Restaurants Canada
1155 Queen St. W.
Toronto, ON M6J 1J4
T: 1-800-387-5649 ext. 7469
F: 416-923-6164
E: rcshow@restaurantscanada.org

PAYMENT SCHEDULE (All prices are listed in CAD)

A deposit is required with this completed application/agreement. 50% of total exhibit space.
Once booth number is confirmed, 50% of the total booth cost is due.

Full booth cost is due January 15, 2024.

Applications submitted after January 15, 2024 must pay full booth cost.

A final invoice will be emailed to the Primary and Invoice Contact(s) upon booth space confirmation.

If the above payment schedule is not followed, Show Management reserves the right to cancel and reassign booth space.

All cancellation fees will be applied.

RC Business Associate Fee will be added to your invoice if not an Associates-In-Good-Standing

Please note: The RC Business Associate fee is non-refundable.

Company Name: _____

ELECTRONIC FUNDS TRANSFER PAYMENT (NOTE: MUST INCLUDE BANKING COMPANY NAME TO IDENTIFY PAYMENTS)

Invoice me and we will send a wire transfer within 10 days.

CREDIT CARD PAYMENT

Send me an invoice with link for immediate payment.

CHEQUE PAYMENT

Invoice me and we will send a cheque within 10 days

BILLING INVOICE DETAILS (IF BILLING ADDRESS IS DIFFERENT THAN COMPANY ADDRESS):

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____ Country _____