

### **Order Forms**

#### **KW Home & Garden Show**

#### Sponsored by



March 21 - 23, 2025

Kitchener Memorial Auditorium Complex 400 East Avenue (at Borden), Kitchener, Ontario N2H 1Z6

#### **Show Dates and Hours**

Friday, March 21st 12:00 noon - 7:00 p.m. Saturday, March 22nd 10:00 a.m. - 7:00 p.m. Sunday, March 23rd 10:00 a.m. - 5:00 p.m.

### **Show Management**

Ann Evoy, Show Manager, (519) 632-5222 Fax: (519) 632-5251 Email: info@kwhgs.ca

www.kwhgs.ca



### **SHOW BADGES**

All badges & passes are to be picked up during your move-in day registration at the Show Office.

Company name:	Booth #:		
Contact Person:	Person: Phone:		
Please print your staff's names below and then fax the info@kwhgs.ca	nis order form back to (519) 632-5251 or email it to:		
1.			
2.			
3.			
4.			
5.			
	ss your have a booth <u>over 100 square feet</u> : adges for each extra 100 square foot booth.		
Two Booths:	Three Booths		
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		
Four Booths:	Five Booths:		
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		

Continued on next page.



Six Booths:	Seven Booths:

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

#### Eight Booths: Nine booths

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

If you wish to purchase any additional badges or passes, please complete the order form "Additional Badges/Passes" on the next page.



## ADDITIONAL BADGES & PASSES

## This form must be completed and returned no later than March 1st, 2025.

Each 100 sq.ft. booth will automatically receive 5 Full Show Exhibitor Badges and 5 Complimentary Guest Passes. Any additional passes can be ordered below (see bottom of page for payment information).

Company name:		Booth #:		
Contact:		Phone:		
Address:				
City:	Prov.:	Prov.: Postal Code: _		e:
Additional I	Passes			
	complimentary g	uest passes at \$	5.00 each	\$
Packs	of ten (10) complimentary	guest passes at	\$ 40.00 each	\$
			TOTAL:	\$
Additional I	Exhibitor Bad	lges:		
I would like	full show exhibitor I	padges at \$ 5.0	0 each =	\$
1.				
2				
3.				
4.				
5.				
	ue payable to Ontario N low. (Taxes included in			
Charge to my: Vis	a MasterCard Di	rect Payment	Amount: \$	
Card #:			Exp. date:	
Card Holder Name:		Signature	:	
<b>Eax to:</b> (519) 632-5	051 or Mailto:	400 East Aven	ua Kitahanar On	torio NOLLAZO



# REQUEST FOR APPROVAL CONTEST / DRAW

Company nam	ne:	Booth #:
Contact perso	n:	
Phone:		Fax:
Address:		
Please list the	e Contest / Draw Prize(s) you	ı will have at your booth below:
	1)	
	2)	
	3)	
	4)	
l,entering our co	ontest / draw will be used only	gree to ensure that the names of the contestants for purpose of soliciting sales of our company's an be no soliciting sales of product or service other the
	sell, by any representative fror	

Please note that all names of winners must be given to Show Management on <u>March 23, 2025</u>

Date

Date



## STANDARD BOOTH DRAPE ORDER FORM

The Show Management provides back drapes free of charge, <u>ONLY</u> if your <u>Drape Order Form is</u> returned to us no later than <u>March 1st, 2025</u>. The Show Management will also provide you, free of charge, with two 3-foot high side drapes <u>if requested</u>. These side drapes <u>will not automatically</u> be placed in your booth. You must fill out the order form attached.

placed in your booth. You mus	st fill out the order form at	tached.	,
Company name:	ny name: Booth #:		
Contact:	Phone	<b>3</b> :	Fax:
Please check one:			
☐ We will require the standard	d 8 foot high back drape լ	orovided at no ch	arge by Show Management.
☐ We will require the standard	d 3 foot high side drapes	provided at no ch	narge by Show Management.
☐ We will <b>not</b> require the stan	ndard booth drape or side	drape. We have	our own display booth.
	arge for the standard bo let us know by complet		uested before the deadline. ng this form.
Move-In			
	prior to the show, provid	led we have rece	ng information. We will confirm ived your form. Please indicate
Move-In Hours Available:			
Wednesday, March 19	•		
☐ Thursday, March 20	•		ama anki. NO DOLLIEC
☐ Friday, March 21***	8 a.m 11 a.m <b>. (H</b>	and carried it	ems only – NO DOLLIES)
Preferred time for move-in:	Your	type of vehicle:_	
Do you require a fork lift?	YESNO, If yes	s, approx. how lo	ng:
Will you be moving out on:	Sunday night	or	Monday day

Please email this form back to: info@kwhgs.ca www.kwhgs.ca