



WESTERN FORESTRY CONTRACTORS' ASSOCIATION

Annual Conference, Tradeshow & AGM

Wednesday to Friday, February 1st to February 3rd, 2023

2023 CONFERENCE TRADESHOW FORM

Inn at Laurel Point, Victoria, BC

For Publication in our Conference Handout Packages

Only include information and numbers that you want the general public to have.

Company Name: _____

Contact Name: _____

Location Address: _____

City and Postal Code: _____

Phone Number: _____ Toll Free Number: _____

Cell Number: _____ Fax Number: _____

Email: _____ Website: _____

Description (1 or 2 sentences) about what you specialize in: _____

Associate Supplier Member: Yes Not Yet, But Please Invoice No Thank You

Purchases

Note: All prices listed below are subject to 5% GST (GST #R127795946RT0001)

<input type="checkbox"/> Quantity of Booths Member Rate: \$540.00 each Non-Member Rate: \$675.00 each	<input type="checkbox"/> Additional Exhibitors Up to two exhibitors per booth are included in Tradeshow booth rate. Any additional exhibitors are \$75.00 each.	We will donate _____ door prize(s) (qty)
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Please advise your preferred booth choices:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____ 4th Choice: _____

Please Check if Required:

6' Skirted Table 2 Folding Chairs Wednesday Evening (8pm) Setup Access Electrical Access (\$35 fee applies)

All exhibitors are welcome to attend any conference sessions that they are interested in and may do so by registering for tickets below. Please specify the quantity of tickets you would like for the below optional sessions (members receive an additional 20% off):

<input type="checkbox"/> Wednesday (including hospitality suite) @ \$200.00 each	<input type="checkbox"/> Thursday AM @ \$200.00 each	<input type="checkbox"/> Thursday PM (including hospitality suite) @ \$275.00 each	<input type="checkbox"/> Thursday Dinner @ \$95.00 each (member discount N/A)	<input type="checkbox"/> Friday @ \$65.00 each
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Name Tag: _____ Name Tag: _____

Name Tag (+\$75): _____ Name Tag (+\$75): _____

Please indicate in advance of any food restrictions you have or there may be a \$30 chef fee applied per meal by the hotel:

Allergies: _____

Payment Options

Cheques Payable To:
WFCFA
#720 - 999 West Broadway
Vancouver, BC V5Z 1K5

Credit Card: Visa MasterCard

Card Number: _____ Expiry Date: ____ / ____ CVV: _____

Full Name on Card: _____

Signature: _____

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RECEPTION

