



New Product Showcase Application Form

CONVENTION +TRADE SHOW

Canadian Produce Marketing Association • 94th Annual Convention and Trade Show

April 2-4, 2019 - Palais des congrès de Montréal - Montreal, QC, Canada

Jennifer Oakley (+1) 613-226-4187 ext. 218 • Fax: (+1) 613-226-2984 • joakley@cpma.ca

Exhibiting Company Information Please print clearly

Exhibiting Company Name *Please do not include brand name Booth Number

Contact First Name

Contact Last Name Contact Cell Phone On Site

Telephone Ext.

Email

Product Category

There are four award categories. Please select the category in which you would like to enter your product.

- Freggie approved
- Packaging innovation
- Organic
- Best new product

New Products Showcase Fee

Taxes included in prices: US and International - no tax • Canada (Excluding Quebec) - 5% GST • Quebec - 5% GST and 9.975% QST
GST #106846587 QST #1015654194

US & International Exhibitors	Canadian Exhibitors	Quebec Exhibitors
CPMA Member Rates: <input type="checkbox"/> \$450.00	<input type="checkbox"/> \$472.50 (\$450.00 + \$22.50 GST)	<input type="checkbox"/> \$517.39 (\$450.00 + \$22.50 GST + 44.89 QST)
Non-Members: <input type="checkbox"/> \$650.00	<input type="checkbox"/> \$682.50 (\$650.00 + \$32.50 GST)	<input type="checkbox"/> \$747.34 (\$650.00 + \$32.50 GST + 64.84 QST)

Shelf dimensions are approximately 38 inches wide x 18 inch deep X 18 inch high

Cancellation Policy

If at any time you cancel your 2019 CPMA booth space, you will forfeit your New Product Showcase space and will not be issued a refund.

Payment Information

Please complete, sign and date this form, and return it with the full **New Product Showcase Fee** to CPMA.

Pay by cheque or credit card. Type or print clearly. **Invoices will not be issued.**

- Visa American Express MasterCard Cheque enclosed (Make cheque payable to: **Canadian Produce Marketing Association**)

Credit Card Number Expiry Date (mm/yy) CVV (3 or 4 digit code on back of credit card)

Cardholder's Name

Cardholder's Signature Note: Credit card information provided here is for registration fee payment only. Date

Return completed form to (please keep a copy for your records):

CPMA
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 Fax: (+1) 613-226-2984
 www.cpma.ca joakley@cpma.ca

For CPMA Use Only

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