

Vendor Reques

*mandatory

*Vendor (Individual or Company) Name:	(hereinafter the Vendo

*Name of Vendor Representative: (if different from above)

Address: Citv:

Province/State: Postal/ZIP:

*E-mail: *Telephone:

*Nature of business:

Standard locations: *Number of vendor table spaces requested: @ cost of CAD\$50 each **Premium locations:** @ cost of CAD\$70 each

*CAPCON must provide me with this number of tables: (not to exceed the total number of vendor table spaces requested)

*Total amount: CADS Payment method: eTransfer cheque

*Total number of vendor personnel: (see "Vendor Personnel" in Terms & Conditions on website)

Desired location of tables within Vendor Room (standard locations only):

AC power requested: No Yes (electrical cords not supplied)

Vendor tables are sold on a 'first come, first served' basis, and will only be confirmed upon payment in full. We will not reserve tables without full payment, nor accept partial downpayments.

FORM & PAYMENT SUBMISSION

Payment must accompany the completed Vendor Request Form.

A) via EMAIL

Send completed PDF form + eTransfer payment to: capconvendors@ipmsottawa.com

Set eTransfer question to: Password provided

Set eTransfer answer/password (case sensitive) to: CAPCON2025

(You MUST use this password or your eTransfer will be declined.)

B) via POSTAL MAIL

Send completed Vendor Request Form + cheque (payable to IPMS Ottawa, cannot be post-dated) to:

IPMS Ottawa – CAPCON 2025 Attn: Vendor Coordinator c/o Bill Eggleton 4407 Birchgrove Road Cumberland, ON Canada K4B 1R3

By submitting this request form, we understand and acknowledge that this Vendor Request will not be considered or processed until this form is properly filled and submitted, and after full payment has been processed.

We agree to adhere to the CAPCON 2025 Vendor Terms and Conditions.