

# 50<sup>TH</sup> PHOTOGRAPHIC FLEA MARKET

## TABLE RESERVATION FORM

Sunday, April 1, 2012

10 a.m. to 3 p.m.

[www.montrealcamerashow.com](http://www.montrealcamerashow.com)

Please reserve \_\_\_\_\_ table(s) (72 in. x 30 in.) at the cost of \$60 each for my use at the 50th Photographic Flea Market, to be held at the HOLIDAY INN, 6700 TRANS-CANADA HWY, Pointe-Claire, Québec. Sunday, April 1, 2012.

Exhibitors are required to keep their table(s) open for the entire duration of the show, between 10 a.m. and 3 p.m. Name tags will be provided and must be worn by exhibitors and assistants, one assistant per table only (add. assistants are \$20 ea.). Exhibitors must throw out all garbage including boxes in the garbage cans provided.

**Dealer set-up time:** 8 a.m. to 10 a.m.

**Please note:** No food purchased outside the Holiday Inn may be brought in. For your convenience, there is a restaurant in the hotel.

**Please complete and return this form with payment to secure your reservation.** We accept payment by Visa, Mastercard and Paypal (to [solhade@gmail.com](mailto:solhade@gmail.com)).

Name of exhibitor: \_\_\_\_\_

Name of assistant: (max. one per table) \_\_\_\_\_

Address of exhibitor: \_\_\_\_\_

Tel. number: \_\_\_\_\_

e-mail: \_\_\_\_\_

**More information:** Solomon Hadeif  
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The exhibitor hereby agrees to display his material at his own risk and is responsible for insuring his merchandise if necessary, against fire, theft, and/or all other damages for which he will not hold responsibility against the organizers, and this, during and after exhibition hours. The exhibitor renounces to any action and/or claim against the organizers for any damages and/or loss of his goods or any bodily damages or injuries resulting from his participation to the exhibition, be it on himself, his employees, agents or any member of his family. The exhibitor also agrees to compensate the organizers and discharge them of any claim and/or lawsuit of any kind that may happen resulting from fault and/or neglect, failure from exhibitor, his employees and/or agents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_