



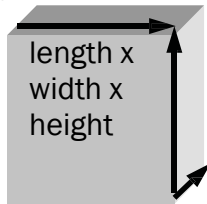
Company Name: \_\_\_\_\_  
 Booth Number: \_\_\_\_\_  
 Square Feet: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## Cold Storage Order Form Grocery & Specialty Food West 2025

A company representative must be present to sign the product in.

Show Management and service contractors will not be responsible for product misplaced upon delivery in the absence of a company representative. Product delivered outside the scheduled Cold Storage published hours will be turned away at the exhibitor's expense.

COST (SPACE IS RESERVED FOR THE DURATION OF THE SHOW):



1 - 20 CUBIC FT	\$150.00
21 - 40 CUBIC FT	\$250.00
41 - 60 CUBIC FT	\$320.00
OVER 61 CUBIC FT	Call for quote

**\*NOTE:**

IF THE SPACE NEEDED IS UNDERESTIMATED, COST ADJUSTMENTS WILL BE MADE ON-SITE.

THERE WILL BE AN ADDITIONAL \$150 LABOUR CHARGE FOR SHIPMENTS THAT EXCEED THE AMOUNT OF SPACE BOOKED, IF THERE IS NO COMPANY REPRESENTATIVE TO HELP WITH STORING THE PRODUCT SAFELY INTO THE REEFER TRUCKS.

REFRIGERATED SPACE:

\_\_\_\_\_ CUBIC FEET REQUIRED \$ \_\_\_\_\_

Please provide descriptions and brand names of product to be stored: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FREEZER SPACE:

\_\_\_\_\_ CUBIC FEET REQUIRED \$ \_\_\_\_\_

Please provide descriptions and brand names of product to be stored: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

Goods & Services Tax (5%): \$ \_\_\_\_\_  
(GST # R105201024)

TOTAL DUE: \$ \_\_\_\_\_

PLEASE REMIT PAYMENT WITH FORM

PAYMENT ENCLOSED

CHARGE TO:     VISA                       MASTERCARD

Name: \_\_\_\_\_ # \_\_\_\_\_

Expiry date: \_\_\_\_\_                      Signature: \_\_\_\_\_

Contact: [events@cfig.ca](mailto:events@cfig.ca) - 416-990-5934