

LABOUR ORDER FORM

SHOW NAME: POOL & SPA CONFERENCE & EXPO, 2026

VENUE ADDRESS : NIAGRA FALLS CONVENTION CENTRE, NIAGRA FALLS

SHOW DATE : DECEMBER 2 - 3, 2026

SERVICE - INSTRUCTIONS

EXHIBITING COMPANY:		PHONE:	BOOTH(S):	
CONTACT NAME	CONTACT	EMAIL		
SITE:	NUMBER SITE	ADDRESS:		
MOVE IN		MOVE - IN	START:	END:
SERVICE DATE:		SERVICE		
		TIME:		
MOVE - OUT		MOVE - OUT	START:	END:
DATE:		SERVICE		
		TIME:		

NUMBER OF LABOURER	SERVICE	DESCRIPTION	TOTAL
MINIMUM - 4HRS			
REGULAR HOURS (MON - FRI - 8AM - 4PM) X \$100 P/H			SUB-TOTAL
PREMIUM HOURS (MON - FRI - 4PM - 8AM) X \$105 P/H			
OVERTIME HOURS (WEEKENDS) X \$150 P/H			13% HST
PUBLIC HOLIDAY X \$200 P/H			
NO ORDERS WILL BE PROCESSED UNTIL PAYMENT IN FULL HAS BEEN RECEIVED		HST #R124 192 219	TOTAL

ALL ORDERS MUST BE PREPAID IN FULL INCLUDING ALL APPLICABLE TAX. PURCHASE ORDERS DO NOT QUALIFY AS PAYMENTS.
 ORDERS MUST BE CANCELLED 7 WORKING DAYS PRIOR TO FIRST MOVE-IN DAY TO BE CONSIDERED FOR REFUND.
 ANY CLAIMS FOR SERVICES NOT PROVIDED WILL NOT BE CONSIDERED AFTER THE SHOW CLOSSES.

PAYMENT OPTIONS

 VISA* MASTERCARD*

CREDIT CARD NO: _____

EXPIRY DATE: MM/YY ____ / ____

CVV: _____

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

BILLING NAME AND ADDRESS

OUR INVOICE/RECEIPT WILL BE SENT ELECTRONICALLY

PLEASE PROVIDE US WITH THE APPROPRIATE EMAIL ADDRESS: _____

COMPANY: _____

PO#: _____

ADDRESS: _____

CITY: _____

PROV/STATE: _____

POSTAL/ZIP CODE: _____

PHONE #: _____

ALL SERVICES FOR THIS SHOW ARE PRE-PAID

EXHIBITORS AND THEIR REPRESENTATIVES HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS LANGE TRANSPORTATION AND STORAGE LTD., THE EMPLOYEES THEREOF AND THEIR REPRESENTATIVES AND AGENTS, AGAINST ANY AND ALL CLAIMS FOR LOSS, DAMAGE, THEFT OR INJURY. INDEMNIFICATION INCLUDES THE PERIOD OF STORAGE PRIOR TO AND IMMEDIATELY FOLLOWING THE EVENT. THE EXHIBITOR, ON SIGNING THE CONTRACT, RELEASES THE FOREGOING FROM ANY AND ALL CLAIMS FOR LOSS, THEFT, DAMAGE OR INJURY HOWEVER CAUSED. EXHIBITORS MUST PROVIDE THEIR OWN INSURANCE AND SECURITY.

SIGNATURE: _____

PRINT NAME: _____