



Canadian Rental Association Atlantic Regional Trade Show 2017

SHOW DATES & TIMES:

Saturday February 18, 10:00 am—4:00 pm

SHOW LOCATION:

Casino New Brunswick
21 Casino Dr
Moncton, NB E1G 0R7
Phone: 506-859-7770

Show Bucks!

\$500 will be given away to a CRA member on the show floor Saturday. The draw will be at 12:00 noon and you must be present to win. Prize money can be spent at any sponsor's booth on the day of the show!

Parking: free parking on-site at Casino New Brunswick

CRA Atlantic Annual Trade Show Banquet, Dinner & Entertainment!

Friday, February 17th, 2017 from
6:00—10:00 pm

Cocktails 6:00 pm, Dinner at 7:00 pm at Hotel
Casino New Brunswick

\$55/person, for exhibitors and regular members
Non-exhibitors are not permitted to attend.

Special offer from your CRA Atlantic Board:

CRA Members who register for the banquet can
attend the breakfast meeting free of charge!

Please be sure to indicate that you will
attend the breakfast

Saturday Breakfast

February 18, 8:00 am, followed by the CRA Atlantic
meeting at 8:30 am \$15/person

Saturday Lunch

February 18, 12:00 pm \$25/person
Both to be held in the Centre Court

CRA Host Hotel

Casino New Brunswick

21 Casino Dr

Moncton, NB E1G 0R7

Phone: 506-861-4661 or 877-859-7775

Book your rooms early, before they sell
out! A block of rooms has been reserved
for Canadian Rental Association until
January 16, 2017. Rooms will be released
after this date

Room Rate: \$139.00/night for Deluxe
King, \$149.00/night for Deluxe Queens

Sponsorship Opportunities

Platinum \$500
Gold \$350
Silver \$250
Bronze \$150

If you are interested in sponsoring the show
please contact CRA Head Office at
844-643-2333 or email
ATshow@crarental.org

Fill out the Registration Form on the next page and return to:

CANADIAN RENTAL ASSOCIATION

Fax: 1-905-643-3999 or Email: ATshow@crarental.org



Canadian Rental Association Atlantic Regional Trade Show 2017 Registration Form

Registration Type:

Member Attendee - ID# _____ Non-Member Attendee - \$10/person

COMPANY _____

ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

PHONE _____

FORM COMPLETED BY: _____

Please print clearly the names of all attending the show, and indicate which meals/functions they will attend.

| Names of all attending | | Friday Night Banquet 6-10 pm | Saturday Breakfast & Meeting 8:00 am | Saturday Lunch 12:00 pm |
|--|--|--------------------------------------|---|--------------------------------------|
| | | Cost: \$55 Plus applicable tax | Cost: \$15 Plus applicable tax | Cost: \$25 Plus applicable tax |
| <i>Note: If you are registering after February 14, 2017, please bring this form to the show.</i> | | | | |
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| 6 | | | | |
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| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| Total # of tickets | | | | |

| PAYMENT | |
|---|--------|
| Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <input type="checkbox"/> | |
| Name of Cardholder | |
| Card Number | Expiry |
| Email Receipt to: | |
| Name/Signature | Date |