

Helium Authorization Request

| | agrees to accept full responsibility for all helium filled products used |
|---|---|
| as part of our display or decorations. | |
| It is agreed that no helium balloons will be or assigned space. | handed out. All balloons must be secured to a firm base within the display |
| This responsibility includes the cost to remescape. | move all helium products from the show as well as the retrieval of any that |
| Helium tanks used for this purpose must be | e removed from the Centre prior to the opening of the show. |
| Particulars | |
| Event/Show Name: | |
| Size of each balloon: in diameter | |
| Number of balloons: | |
| | |
| Description of set up: | |
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| Please return completed form (sign | ned by Show Manager) to the Event Manager, |
| Please return completed form (sign Metro Toronto Convention Centre. | ned by Show Manager) to the Event Manager, |
| Please return completed form (sign Metro Toronto Convention Centre. | |
| Please return completed form (sign Metro Toronto Convention Centre. Company: | ned by Show Manager) to the Event Manager, |
| Please return completed form (sign Metro Toronto Convention Centre. Company: | ned by Show Manager) to the Event Manager, Booth Number: |
| Please return completed form (sign Metro Toronto Convention Centre. Company: Contact Name: | ned by Show Manager) to the Event Manager, Booth Number: |
| Please return completed form (sign Metro Toronto Convention Centre. Company: Contact Name: Address: | ned by Show Manager) to the Event Manager, Booth Number: |
| Please return completed form (sign Metro Toronto Convention Centre. Company: Contact Name: Address: Telephone Number: | ned by Show Manager) to the Event Manager, Booth Number: Fax Number: |
| Please return completed form (sign Metro Toronto Convention Centre. Company: Contact Name: Address: Telephone Number: | ned by Show Manager) to the Event Manager, Booth Number: |
| Please return completed form (sign Metro Toronto Convention Centre. Company: Contact Name: Address: | ned by Show Manager) to the Event Manager, Booth Number: Fax Number: |