



**biofibe 08**  
**November 12-14, 2008**

## **EXHIBITOR INFORMATION**

For further information, please contact:

Nancy Zubriski  
(204) 233-2902  
nancyz@shaw.ca

# **Biofibe 08 Exhibits**

**West/Midway Ballroom**

## **Ingress**

**Wednesday, November 12, 2008**

**Exhibitor set-up: 6:30 pm – 9:30 pm**

If you need to courier your booth or booth materials to the Fairmont, please ensure it arrives on the afternoon of November 12, 2008 between 12:00 pm and 5:00 pm and use the following shipping address:

The Fairmont Winnipeg

Biofibe 08

Attn: Ms. Elfie Siemens, Director of Conference Services

Lancaster Room

2 Lombard Place

Winnipeg, MB CANADA

R3B 0Y3

***\*Please note all material must arrive before 5:00 pm***

## **Egress**

**Friday, November 14, 2008**

Please dismantle your booth after 1:30 PM on Friday, November 14, 2008. You must dismantle and remove your booth by 5:00 PM on Friday.

## **Sponsor Booths / Displays**

The conference will provide 1 - 6 foot table and one chair per exhibitor. Each exhibitor is expected to provide their own pop-up static display. Your exhibit booth space is approximately 10' (width).

If you require electricity at your booth, please contact Nancy at [nancyz@shaw.ca](mailto:nancyz@shaw.ca).

**We suggest you bring some extension cords with you for use at your booth.**

## **Venue Information**

The Fairmont Winnipeg

West/Midway Ballroom

2 Lombard Place

Winnipeg, MB CANADA

R3B 0Y3

## **Venue Contact**

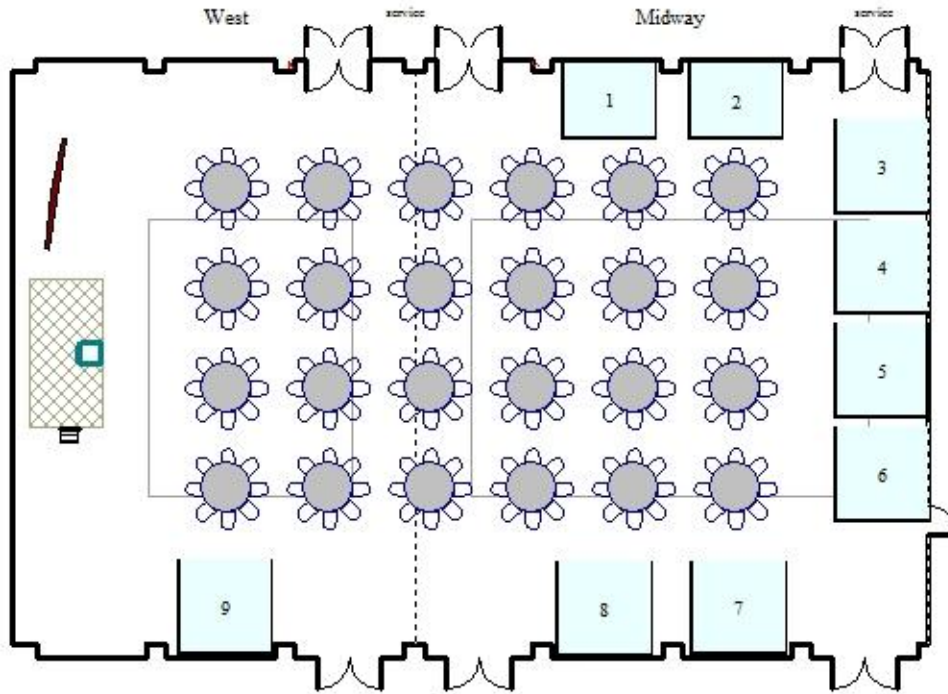
Ms. Elfie Siemens, Director of Conference Services, The Fairmont Winnipeg

Phone: (204) 957-1350

Fax: (204) 956-1791

Email: [elfie.siemens@fairmont.com](mailto:elfie.siemens@fairmont.com)

Please contact the Fairmont Winnipeg directly if you require information with respect to driving directions, availability of parking, handicap/wheel chair access, the loading dock entrance, drayage and shipping.



## Exhibitor Registration

The cost to exhibit is \$500.00 per booth. You must be a registered for Biofibe 08 to participate as an exhibitor.

Please complete the information below and return it to Attn: Nancy Zubriski, fax # (204) 231-5491, email: [nancyz@shaw.ca](mailto:nancyz@shaw.ca).

Email: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

Canadian Province/US State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Extension: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_