



GROCERY & SPECIALTY FOOD WEST 2024
Vancouver Convention & Exhibition Centre
April 22-23, 2024

PLEASE FORWARD FORMS:
Forms marked in red are
MANDATORY

Send forms in before the
 deadline to take advantage of
PRICE BREAKS!

SHOW MANAGEMENT FORMS	DEADLINE	RETURNED
Official Show Guide Listing Form (Online Form)	March 1	<input type="checkbox"/>
Exhibit Design Form	ASAP	<input type="checkbox"/>
Food Sampling Form	April 1	<input type="checkbox"/>
Cold Storage Form	April 12	<input type="checkbox"/>
New Product Showcase Form	Before move-in	<input type="checkbox"/>

PLEASE FORWARD DIRECTLY TO:

	DEADLINE	RETURNED
VANCOUVER COASTAL HEALTH <i>Food Sampling Form (Mandatory if sampling)</i> Send completed form directly to csuh@cfg.ca .	April 1	<input type="checkbox"/>
VANCOUVER CONVENTION CENTRE (VCC) Sign/Banner Installation	April 15	<input type="checkbox"/>
Electrical Services	April 15	<input type="checkbox"/>
Exhibitor Security	April 15	<input type="checkbox"/>
Internet	April 15	<input type="checkbox"/>
Plumbing Services	April 15	<input type="checkbox"/>
Booth Vacuuming & Shampooing	April 15	<input type="checkbox"/>
Telecommunications Request	April 15	<input type="checkbox"/>
Proshow – Audio Visual Solutions	April 15	<input type="checkbox"/>
LEVY SHOW SERVICE INC. Exhibit Décor Rentals (carpet, tables, chairs, plants, etc.)	March 18	
LANGE TRANSPORTATION Move-In Questionnaire Official Carrier of GSF West 2024	Mandatory April 13	<input type="checkbox"/>
Transportation	Contact Supplier	<input type="checkbox"/>
Advance Show Receiving	March 29	<input type="checkbox"/>
After Show Warehouse	March 29	<input type="checkbox"/>
Special Forklift Service	March 29	<input type="checkbox"/>
LANGE CUSTOMS ConsultExpo Customs Broker	Contact Supplier	<input type="checkbox"/>
EXHIBITOR INSURANCE.COM Insurance Certificate (OR your insurance company) johnn@exhibitorinsurance.com or fax to 905-760-2260	April 1	<input type="checkbox"/>
MICROSPEC Lead Retrieval Form for Machine OR Phone App	EBD: March 15	<input type="checkbox"/>