



**MIAC 2007 & PAL SHOWCASE**  
**August 26 – 27, 2007**  
**Toronto International Centre**  
**6900 Airport Road**  
**Halls 4A & 5**  
**Toronto, Ontario, Canada**

Music Industries Association of Canada  
 505 Consumers Road, Suite 807  
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 Tel: (416) 490-1871 Toll Free: 1-877-490-6422  
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 Websites: [www.miac.net](http://www.miac.net) and [www.palshowcase.com](http://www.palshowcase.com)

**BOOTH VARIANCE/REVIEW REQUEST FORM**

**DEADLINE JULY 25, 2007**

**ATTACH THIS SHEET TO YOUR SCHEMATIC OR DRAWING**

Please complete the following information and submit with your schematic or drawing by **July 25, 2007**.  
 Allow 5-7 business days for a response.

- Please mark on your schematic/drawing the **exact height** to the top of your booth structure, towers, graphics, signs, panels and truss. Clearly indicate the height of all levels on double deck booths. In addition clearly mark the direction doors open.
- Should the diagram submitted with this form differ significantly from the actual structure on-site, the structure will need to be altered, or the exhibitor moved if space is available at the exhibitor's expense.
- For additional information, please call the MIAC Office at Tel: (416) 490-1871 or Toll Free: 1-877-490-6422.

PLEASE NOTE: This approval only relates to Show Management Guidelines and Regulations. Your designs, if necessary, should still be submitted to the Fire Marshall and a structural engineer for their approval. This form is only required if you are requesting a variance for your booth design.

**SEND THIS COMPLETED FORM BY FAX OR EMAIL TO:**  
 MIAC National Office, Fax: (416) 490-0369 or (877) 809-8600 or [barbara@miac.net](mailto:barbara@miac.net)

I am requesting a:  Booth Review  Booth Variance (mark appropriate category below)

Booth Variance Category:  Exhibit height – Maximum Height Requested \_\_\_\_\_  Canopy

Hanging Sign Height – Max. Height Requested: \_\_\_\_\_  Other \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ BOOTH # \_\_\_\_\_  
 CONTACT \_\_\_\_\_ BOOTH DIMENSIONS \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ PROV/STATE \_\_\_\_\_ POSTAL CODE/ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

**MIAC USE ONLY**

Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_