

EXHIBITOR APPLICATION FORM

Exhibitor Information (please print)

Organization: _____

Contact Name: _____

Title: _____ Email: _____

Tel.: _____ Fax: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Exhibit Information:

This application must be accompanied by the total amount due. Once payment is received, exhibit space will be assigned on a first come, first served basis. Table placement will be based on the discretion of conference committee. Exhibitors will be provided with a 6 foot table and 2 chairs. All applicants will be contacted for further information. Equipment rental and internet services will be available at an additional cost.

CORPORATE RATE	Rate	
<input type="radio"/> Early Bird (before Oct 1)	\$650.00	
<input type="radio"/> Regular Rate (after Oct 1)	\$750.00	
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NON-PROFIT RATE	Rate	
<input type="radio"/> Early Bird (before Oct 1)	\$450.00	
<input type="radio"/> Regular Rate (after Oct 1)	\$550.00	
	+ 6% GST	
	TOTAL amount due	

Payment

Return this form with payment by mail to: OPHA, 700 Lawrence Avenue West, Suite 310, Toronto, Ontario, M6A 3B4, or fax it to Susan Sperling at (416) 367-2844.

Cheque (make payable to Ontario Public Health Association)

VISA Card Number _____ Exp. Date _____ / _____

Name of Cardholder _____ Signature _____

Cancellation

Cancellations will be accepted up to and including October 1, 2007, in which case all monies paid by the Exhibitor will be refunded, less an administration fee of \$60 per exhibit. Exhibitors will be responsible for the full contract price for cancellations after such date.

The conference planning committee reserves the right to refuse any exhibits that are not consistent with the beliefs and practices of Toronto Public Health (TPH) and the Ontario Public Health Association (OPHA). Liability of TPH and OPHA is limited to provision of booth space. TPH/OPHA will not be responsible for any loss or damage to property, accident or injury to exhibitors, employees or the public, or damage to the Marriott as a result of the exhibit.