

CONFERENCE SUPPORT FORM – “B”

YES, WE WOULD LIKE TO SUPPORT BIAPH'S HEALTH ADVOCATES CONFERENCE AND RESERVE AN EXHIBIT SPACE:

- Standard 8 x 10' space with a 6 foot table supplied - \$750 Qty: _____
- Add'l exhibit representative (includes 1 – limit 2 additional) - \$175 ea. Qty: _____
- Supplied brochure item not to exceed 5x7” in ea. delegate package - \$250

Company _____
(as you wish it to appear on identification and signage)

Address: _____

Contact Name and Title: _____

Phone: _____ Email: _____

1st Exhibit Representative (included in fee)

Name: _____ Email: _____

2nd Exhibit Representative (add'l cost applicable)

Name: _____ Email: _____

3rd Exhibit Representative (add'l cost applicable)

Name: _____ Email: _____

PAYMENT INFORMATION

- Enclosed is our cheque for \$_____ to support item(s) selected.
- Please charge my credit card for \$_____ for items selected:

  Card # _____ Exp. _____

Name of Card Holder _____ CSV _____
3 digits on back of card

Return by email: jorun.rucels@biaph.com or mail: PO Box 67012 South Common Mall,
Mississauga, Ontario, L5L 5V4
Or call: 905-823-2221

NB: Exhibitor fee includes skirted table and two chairs. Certain exhibit areas will allow for electricity, please specify if electricity is required and we will do our best to provide same.