

SPONSOR/EXHIBITOR REGISTRATION FORM

ORGANIZATION CONTACT INFORMATION

Company Name: _____

Contact Name: _____

Contact Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

We would like to donate our booth/registrations to an organization that cannot afford to send participants

We plan to have our own door prize and would like the winner announced at the closing ceremonies

We would like to contribute an item to a combined door prize that will be drawn at the closing ceremonies

SPONSORSHIP SELECTION *(please call or email to confirm availability of Presenting and Welcome packages)*

<input type="checkbox"/> Presenting Sponsorship - SOLD	\$6,000	<input type="checkbox"/> Commercial Exhibition Booth	\$675
<input type="checkbox"/> Partnering Sponsorship	\$3,500	<input type="checkbox"/> Non-Profit Exhibition Booth	\$250
<input type="checkbox"/> Welcome Sponsorship	\$2,000	<input type="checkbox"/> Full Page Ad	\$300
<input type="checkbox"/> Exhibiting Sponsorship	\$1,000	<input type="checkbox"/> Half Page Ad	\$180
<input type="checkbox"/> Conference Supporter <i>(full tax receipt)</i>	\$1,500	<input type="checkbox"/> Quarter Page Ad	\$100
Promotional Insert(s) ____ x \$100	\$ _____	TOTAL ENCLOSED:	\$ _____

EXHIBITION BOOTH REPRESENTATIVES *(if applicable)*

1. Name: _____ Email: _____

Dietary Requirements: _____

2. Name: _____ Email: _____

Dietary Requirements: _____

PAYMENT OPTIONS

Credit Card Cheque *(payable to Palliative Manitoba)* Please Invoice

Card Number: _____ Expiry Date: _____

Name on Card: _____ Date: _____

Signature: _____

