

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	\$6,000	<input type="checkbox"/> Commercial Exhibition Booth	\$700
<input type="checkbox"/> Partnering Sponsorship	\$3,500	<input type="checkbox"/> Non-Profit Exhibition Booth	\$300
<input type="checkbox"/> Welcome Sponsorship - SOLD	\$2,500	<input type="checkbox"/> Full Page Ad	\$300
<input type="checkbox"/> Exhibiting Sponsorship	\$1,000	<input type="checkbox"/> Half Page Ad	\$200
		<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: _____