



Exhibit & Advertiser Application & Registration Form CPATH 2019 Conference

Friday, November 1, 2019 - Sunday, November 3, 2019
Sheraton Montreal, 1201 Boulevard Rene-Levesque West,
Montreal, **Quebec** H3B 2L7, Canada

Company Name: _____

Contact Name: _____

Address: _____

Postal Code: _____ Phone Number: (____) _____

Fax Number: (____) _____

Email Address: _____

Web Site: _____

Product/Service Description (please be specific and add a page if necessary):

Advertising Space Cost:

- 1/4 page \$275 1/2 page \$500
- Full page \$1,250

Exhibit Space:

- Private Sector Company (for profit): \$ 600
- Community Local Small Business: \$ 350
- Community Not-for-Profit Agency: \$ 250

SET UP: Thursday, October 31, 3:00 – 9:00 pm, **TEAR DOWN:** Sunday, November 3 (after 12:00 pm)

Additional Options:

- We are bringing/ordering our own freestanding display: Yes No
- We need table & chairs: Yes No
- We need Electrical outlets: Yes No

Shipping instructions: Materials cannot arrive earlier than Wednesday, October 30, 2019.

TOTAL COST DUE: \$ _____ is enclosed.

Paying by VISA MASTERCARD CHEQUE (payable to CPATH)

If Paying by Cheque, please mail a cheque **payable to CPATH** to:

Gin Marshall, CPATH 2019 Conference Organizer
 Suite 98004, 970 Queen Street East
 Toronto, Ontario
 M4M 1J0

If Paying by Visa or Mastercard, please return this form with payment information completed:

VISA MASTERCARD

Card Number: _____ Expiry Date: _____/_____

Card holder's name: _____ **(PLEASE PRINT)**

Signature: _____

By email to: cpath2019planning@gmail.com

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 Toronto, Ontario
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