

APPLICATION FOR EXHIBITOR

Anaphylaxis Canada Conference
Anaphylaxis in the Community: Balancing Risk with Expectations
Grant MacEwan College, Edmonton, Alberta
Saturday April 4th, 2009

Please print or type

Company/Organization: _____

Contact Name: _____

Title: _____

Address: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Please advise us of any food allergies: _____

The undersigned hereby authorizes AC to reserve exhibit space for use by the above company or organization and agrees to abide by the Exhibit Rules and Guidelines.

Name: _____ Signature: _____

Exhibitor Fee : \$350.00 + \$17.50 (GST)= \$367.50

Complete and send this application form with full payment to reserve exhibit space.

☐ Cheque (Payable to Anaphylaxis Canada) ☐ Visa ☐ Mastercard ☐ American Express

Account #: _____ Expiry Date: _____

Name of Cardholder: _____ Signature: _____

Please complete the following:

Do you require a 6' skirted table? Yes/No

Do you require two chairs? Yes/No

Do you require power for your booth space? Yes/No

Please indicate your exhibit format: ☐ Tabletop Display ☐ Other _____

Deadline for Exhibitor Registration is Feb 29, 2009

Please fax application from to **416.785.0458** or mail with payment to Anaphylaxis Canada



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