

## APPLICATION FOR SPONSORSHIP

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

### Please print or type

Company/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please advise us in advance 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: \_\_\_\_\_

**Sponsorship Fee : \$ \_\_\_\_\_** - complimentary exhibit table included.

**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: \_\_\_\_\_

**Will you require an exhibit table** **Yes/No**

**If yes, please complete the following:**

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

**Do you require 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

**Anaphylaxis Canada**

*Helping people live with deadly allergies*

2005 Sheppard Avenue East, Suite 800 Toronto, Ontario M2J 5B4

Toll free: 1.866.785.5660 Phone: 416.785.5666

[www.anaphylaxis.ca](http://www.anaphylaxis.ca) info@anaphylaxis.ca