

VENDOR PARTICIPATION FORM

EMR: Every Step Conference and Vendor Showcase

Company: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____ Title: _____ Phone: _____

Email: _____ P.O #: _____

Booth Rates –Toronto Congress Centre. Toronto, Ontario. (Sept 26, 2019)					
SPACE	Early Bird Rate (10 x 10)	Regular Rate	Corner	10 x 20 (Early Bird)	10 x 20 (Regular Rate)
COST	\$2,000	\$2,500	\$150	\$4,000	\$5,000
Please Check the boxes that apply to you					

Booth Rates – Brookstreet Hotel. Ottawa, Ontario. (June 13, 2019)					
SPACE	Early Bird Rate (10 x 10)	Regular Rate	Corner	10 x 20 (Early Bird)	10 x 20 (Regular Rate)
COST	\$1500	\$2,000	\$150	\$3,000	\$4,000
Please Check the boxes that apply to you					

Payment Policy: 100% due within 30 days of booking

Cancellation Policy: Any cancellation less than 30 days prior to the show will be subject to a 50% penalty. No refunds offered less than 10 days from the show

Please send payment to: **OntarioMD – 150 Bloor Street W.
Suite 900. Toronto, Ontario.
M5S3C1.**

Please return this form to Revin Samuel at revin.samuel@ontariomd.com. Credit Card Authorization Form are available upon returning of this form.

Early Bird expires for the Ottawa conference on May 1, 2019
Early Bird expires for the Toronto conference on August 1, 2019

Subtotal: _____ HST: _____ Total: _____

Booth Includes:

- Power, Carpet, Internet
- 2 Exhibitor Passes (Includes Meals)
- Includes Draped 6 or 8 Foot Table

*Additional exhibitor passes can be purchased through registration.

I _____ hereby understand and agree to be bound by the above terms and conditions. I will provide OntarioMD with payment by the deadline specified (30 days after booking space) and will notify OntarioMD at least 30 days in advance of any changes to receive a full refund. I also understand that the terms and conditions may change.

Exhibitor Name:	
Exhibitor Signature	
Date:	