

COMPANY INFORMATION

Company Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

CONTACT INFORMATION (All booth information will be sent to this email)

Contact Name: _____

Phone: _____ Email: _____

EXHIBIT AND SPONSORSHIP LEVELS

PLATINUM LEVEL \$ 12,000 +
GOLD LEVEL \$ 8,000 - \$ 11,999
SILVER LEVEL \$ 4,000 - \$ 7,999
BRONZE LEVEL \$ 2,000 - \$ 3,999

BOOTH REGISTRATION
Booth selection will be assigned on a first come first serve basis

Name of Exhibitor Representative(s) * (complimentary passes are provided, depending on level of sponsorship):

*The Exhibitor Pass allows access to the exhibit hall, all catering provided during the conference including the Exhibitors Reception. Additional passes may be purchased for \$150. Social Event tickets are **not** included with the Exhibitor Pass but can be purchased separately. Exhibitor Pass **does not** provide access to educational sessions for CME Credits.

	QUANTITY	COST	TOTAL
Exhibit Booth (max 2 booths per exhibitor)		\$ 2,300	
Social Event (May 26 th)		86.96	
Additional Exhibitor Passes (please include all names above)		\$130.43	
Sub Total:			
(15% HST Applicable to ALL above charges) HST:			
TOTAL BOOTH REGISTRATION:			

SPONSORSHIP REQUEST

Requests will be provided on a first come first serve basis

EXCLUSIVE TO PLATINUM AND GOLD LEVEL SPONSORS

<i>Social Networking Event</i>	\$ 5,500
SOLD <i>Welcome Reception</i>	\$ 5,500

AVAILABLE TO PLATINUM, GOLD AND SILVER LEVEL SPONSORS

SOLD <i>Delegate Bag</i>	\$ 4000
<i>Lanyards</i>	\$ 3,000
<i>Lunch (2)</i>	\$ 5,000
<i>Breakfast (2)</i>	\$ 3,000
<i>Full Day Refreshment Breaks (2)</i>	\$ 3,000
<i>Fellowship Award</i>	\$ 2,000
<i>Award for Outstanding Article</i>	\$ 2,000
SOLD <i>Award for Outstanding Case Study</i>	\$ 2,000
<i>Award for Outstanding Mentorship</i>	\$ 2,000
<i>Early Professional Achievement Award</i>	\$ 2,000
SOLD <i>Student Achievement Award</i>	\$ 2,000

AVAILABLE TO ALL LEVEL SPONSORS (COMPLIMENTARY TO PLATINUM AND GOLD LEVEL SPONSORS)

<i>Delegate Bag Insert</i>	\$ 500
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TOTAL SPONSORSHIP REQUEST:

PAYMENT INFORMATION

Visa or MasterCard are accepted. Cheques payable to Sonography Canada

TOTAL AMOUNT (BOOTH and SPONSORSHIP) \$ _____

MasterCard Visa Invoice Please

Card number _____ Exp. Date _____ / _____

Month / Year

Name on Card _____ Signature _____

(please print)

**Submissions can be made by Email (conferenceinfo@sonographycanada.ca) Fax (1-888-743-2952)
Or Mail (PO Box 1220 Kemptville, ON K0G 1J0)**