



NATIONAL RESPIRATORY CARE & EDUCATION CONFERENCE

FINDING PURPOSE

NOVEMBER 9TH TO 11TH, 2017
HYATT REGENCY CALGARY
CALGARY, AB

**Register Today!
Exhibit Booths are Going Fast**

PAYMENT INFORMATION:

Exhibit booths will not be confirmed unless payment is received with registration.

Enclosed is our cheque made payable to:
Canadian Network for Respiratory Care
in the amount of \$ _____

Electronic Funds Transfer
in the amount of \$ _____

Mail cheque along with your registration to:

Canadian Network for Respiratory Care
16851 Mount Wolfe Road
Caledon ON
L7E 3P6

Company Name: _____

Company Street Address: _____ Province: _____ Postal Code: _____

Names for Badges: _____

Primary Email Contact: _____

Work Phone Number: _____ Mobile Phone Number: _____

CNRC reserves the right to change speakers and/or modify program content. Because of the very limited number of exhibitor booths available, no refunds will be given. For further information call: Cheryl Connors, CNRC Executive Director, (905) 880-1092

SPONSORSHIP FEES:

| | | | | |
|------------------|----------------------------------|----------|--------------------------------|----------|
| Platinum | <input type="checkbox"/> Partner | \$30,000 | <input type="checkbox"/> Other | \$35,000 |
| Gold | <input type="checkbox"/> Partner | \$25,000 | <input type="checkbox"/> Other | \$30,000 |
| Silver | <input type="checkbox"/> Partner | \$15,000 | <input type="checkbox"/> Other | \$20,000 |
| Bronze | <input type="checkbox"/> Partner | \$ 7,500 | <input type="checkbox"/> Other | \$10,000 |
| Friend | <input type="checkbox"/> | \$ 5,000 | | |
| Exhibitor | <input type="checkbox"/> | \$ 2,500 | | |

Sub Total: \$ _____

EXTRA EXHIBITOR BADGES:
NB: Exhibitors will receive two badges per exhibit booth. Additional badges are available for \$250. \$250 x ___ Number of Badges = \$ _____

CONFERENCE ATTENDANCE:
NB: Exhibitor badges do not include attendance to conference lectures and workshops. If you or one of your two representatives would like to attend the lectures and workshops, there will be an additional fee of \$100 x ___ Number of Badges = \$ _____

SOCIAL NIGHT OUT:
NB: Not included in the Friend or Exhibitor fee. \$ 75 x ___ Number of Badges = \$ _____

TOTAL PAYMENT DUE: \$ _____

Please complete all fields on this form, print and mail with your company's cheque made payable to the **Canadian Network for Respiratory Care.**