



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



Sponsor and Exhibitor Registration Form

Company Name: _____

Company Street Address: _____

Province/State: _____ Postal/Zip Code: _____

Names for Badges: _____

Primary Contact Name: _____

Primary Contact Email: _____

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 sponsor and exhibitor booths available, no refunds will be given.

Sponsorship Fees:	Platinum	Partner	\$30,000	Other	\$35,000	
	Gold	Partner	\$25,000	Other	\$30,000	
	Silver	Partner	\$15,000	Other	\$20,000	
	Bronze	Partner	\$ 7,500	Other	\$10,000	
	Friend		\$ 5,000			
	Exhibitor		\$ 2,500			
						Sub Total = \$ _____

Extra Exhibitor Badges:

NB: Exhibitors will receive two badges per exhibit booth.
Additional badges are available for an additional fee of \$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 \$150 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.