



Sponsor and Exhibitor Registration Form

Company Name: _____

Company Street Address: _____ City _____

Province/State: _____ Postal/Zip Code: _____

Primary Contact Name: _____

Primary Contact Email: _____

Work Phone Number: _____ Mobile Phone Number: _____

CNRC reserves the right to change speakers and/or modify program content.

Sponsorship Fees:		Platinum	Partner	Other	Other
		\$30,000	\$30,000	\$35,000	
		\$25,000	\$25,000	\$30,000	
		\$15,000	\$15,000	\$20,000	
		\$ 5,000	\$ 5,000	\$ 7,500	
		\$ 2,500	\$ 2,500		
					Sub Total = \$ _____

Extra Conference Registrations:

NB: See sponsorship levels for number of complimentary registrations provided.
 Additional registrations are available for an additional fee of \$99 x _____ Number of Badges = \$ _____

Total Payment Due = \$ _____

Payment Information:

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

Electronic Funds Transfer

in the amount of \$ _____

**Please send me an invoice to pay
 by credit card.**

Mail cheque along with your registration to:
Canadian Network for Respiratory Care
 16851 Mount Wolfe Road, Caledon
 ON L7E 3P6

For further information:

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