

**COMPANY NAME**

PLEASE PRINT

**The Agreement**

**PLEASE RETURN ALL FOUR (4) COMPLETED PAGES TO CHICA-Canada  
See Contact Information on Page 2**

**2010 National Education Conference**

Hosted by: Community and Hospital Infection Control Association (CHICA)

**Exposition Site**

Sheraton Vancouver Wall Centre  
Grand Ballroom  
1088 Burrard Street  
Vancouver BC V6Z 2R9

**Date and Hours of Show (Times to be confirmed)**

Monday, May 31 – Set Up – 1:00 pm – 5:00 pm  
Monday, May 31 – Opening Reception in Exhibit Hall – 7:00 pm – 9:00 pm  
Tuesday, June 1 – 9:30 am – 10:00 am, 12 noon – 2:00 pm (Lunch); 3:00-3:30 pm  
Wednesday, June 2 – 12 noon – 2:00 pm (Lunch)  
Wednesday, June 2 – Tear Down – 2:00 pm

We, the undersigned, agree to abide by all accompanying terms and general regulations. We hereby make application for exhibit booth(s) at the CHICA-Canada 2010 National Education Conference.

**Program listings will be alphabetical, and by booth number.**

Product(s)/service(s) to be exhibited (including brand name) – please print clearly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We prefer NOT to be adjacent to the following companies – please print clearly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(The committee will attempt to accommodate this wish if space and set-up allow)

We would like the following booth space(s) but understand that there are factors (as outlined in the Exhibitor Information) that will determine our final location.

\_\_\_\_\_  
First choice                      Second choice                      Third choice                      Fourth choice

The committee reserves the right to allocate space.

The representatives of the exhibitor are – please print clearly:

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N.B. : Exhibitors are requested to have their booth staffed during the Opening Reception, Monday, May 31 (7:00 pm – 9:00 pm).

**PLEASE NOTE – NO ENTRANCE TO THE EXHIBIT HALL WITHOUT A CONFERENCE NAME TAG. ENSURE ALL BOOTH REPS CHECK IN AT THE CHICA-CANADA REGISTRATION DESK WHEN THEY ARRIVE, TO PICK UP PERTINENT MATERIALS.**

Exhibitors are welcome to attend individual special events upon payment of the required special event fee. See Exhibitor Information for details.

See the Cancellation Clause in the Exhibit Information document.

Please return this application before **March 1, 2010. (Note: Space will be held for 2009 exhibitors until January 31, 2010. After that date, space will be released.)**

**FOR MORE INFORMATION:**

Gerry Hansen, Conference Planner  
CHICA-Canada  
PO Box 46125 RPO Westdale  
Winnipeg MB R3R 3S3

Courier : 67 Bergman Crescent, Winnipeg MB R3R 1Y9

Telephone: 1-204-897-5990/1-866-999-7111  
Fax: 1-204-895-9595  
Email: [chicacanada@mts.net](mailto:chicacanada@mts.net)  
<http://www.chica.org>

**Authorised by :**

\_\_\_\_\_  
**Name (please print clearly)**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Province/State**

\_\_\_\_\_  
**Country**

\_\_\_\_\_  
**Postal Code / Zip Code**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**Email address**

\_\_\_\_\_  
**Name of principal contact (if different from above)**  
**[Pertinent conference information will be sent to**  
**this person if different from above].**

\_\_\_\_\_  
**Telephone (if different from above)**

\_\_\_\_\_  
**Fax (if different from above)**

\_\_\_\_\_  
**Email address (if different from above).**

**PAYMENT**

**See Exhibitor Information for exhibit payment and cancellation guidelines.**

Booth(s) \_\_\_\_X\$1800 CDN \$ \_\_\_\_\_

Extra Reps/Guests @ \$50 ea \$ \_\_\_\_\_  
(2 reps/guests included with Booth fee)

Tote Bag insert @ \$500 \$ \_\_\_\_\_

Sightseeing, June 1, 2010 \$50 per person \$ \_\_\_\_\_

Sock Hop, June 2, 2010 \_\_\_\_\_ Tickets @ \$90 per person \$ \_\_\_\_\_

DISCOUNT FOR CORPORATE MEMBERS OF CHICA-Canada  
If you are not aware of the amount of discount to be provided through your Corporate Membership, contact CHICA-Canada.

\$(\_\_\_\_\_) Discount

GST @ 5%  
(Canadian home offices only)

118833201RT0001 \$ \_\_\_\_\_  
GST applies to all fees and tickets.

50% Deposit \$ \_\_\_\_\_

Balance Owing \$ \_\_\_\_\_

**PAYMENT IN FULL IS REQUIRED BY March 1, 2010**

Payment Options :

Cheque payable to CHICA-Canada      VISA/MASTERCARD/AMEX

\_\_\_\_\_ Card Number      \_\_\_\_\_ Expiry Date

\_\_\_\_\_ Cardholder Name

\_\_\_\_\_ Signature

I authorize CHICA-Canada to use the above credit card to pay the deposit on receipt of this application, and the balance due by March 1, 2010.

I authorize CHICA-Canada to use the above credit card to pay the entire amount owing on receipt of this application.

CHICA-Canada  
PO Box 46125 RPO Westdale  
Winnipeg MB R3R 3S3

Courier to : 67 Bergman Crescent, Winnipeg MB R3R 1Y9  
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