



RENEWAL APPLICATION FOR EXHIBIT SPACE

Including the 63rd Annual Scientific Meeting of the Canadian Cardiovascular Society

1. Company Information

Company Name _____
(please list name as it should appear on printed materials. Do not use capital letters unless your official name is all caps.)

Name of Exhibitor Contact _____

Title _____

Mailing Address _____

City _____ Province/State _____ Country _____ Postal/Zip Code _____

Telephone (_____) _____ Facsimile (_____) _____ E-mail _____

Type of products/services to be displayed _____

2. Booth Selection

We hereby apply for the following exhibit space:

<input type="checkbox"/> Island	_____ # of 10' x 10' (3m x 3m) exhibit space(s) @ \$4,160*	=	\$ _____
<input type="checkbox"/> Peninsula	_____ sq. ft. island exhibit space @ \$43.25* per sq. ft.	=	\$ _____
<input type="checkbox"/> Linear	* plus applicable taxes		\$ _____
	Total		\$ _____
	50% DEPOSIT DUE		\$ _____

This application will not be processed unless accompanied by a deposit of 50% of the exhibit rental fee. Outstanding balances, plus applicable taxes, are due by June 18, 2010. Applications submitted on or after this date must be accompanied by payment in full. Your cheque for the exhibit space should be made payable to CCC 2010. Payment in Canadian Funds only. Wire transfer payment option is available, please contact the CCC Secretariat for details.

3. Preferred booth location

Once the CCC 2010 floor plan is available, we will ask you for your preferred booth location choices.

Exhibit space is assigned on the basis of the date the application and deposit are received, and accepted. The Organizer reserves the right to determine the final allocation of booth space.

4. Authorization

I am the authorized representative of the above-named company with the full power and authority to sign and deliver this application. The company agrees to comply with all of the policies contained in the Exhibitor Manual.

Name of Authorized Officer _____

Title _____

Signature of Authorized Officer _____

City _____ Date _____

Please return this application form with your payment to:

CCC Secretariat
275 Bay Street, Ottawa, ON Canada K1R 5Z5
Tel: (613) 238-2304, 1-866-317-8461 • Fax: (613) 236-2727
E-mail: ccc-exhibits@intertaskconferences.com

PLEASE RETAIN A COPY FOR YOUR RECORDS

Upon acceptance by the Organizer, a signed copy of this contract will be returned to you as your confirmation, along with a Statement of Account.

For CCC Secretariat Use Only

Company ID No: _____
Booth(s) Assigned: _____ Size: _____
Deposit Amount: _____ Payment Date: _____
Final Payment Amount: _____ Payment Date: _____
Final Statement Sent: _____
Comp. Reg Forms Sent: _____
Accepted By: _____

The CCC 2010 is produced and managed by Intertask Conferences on behalf of the Canadian Cardiovascular Society.