



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 _____ Ext. _____ Facsimile _____ E-mail _____

Type of recruitment _____

2. Table Top Selection

We hereby apply for the following exhibit space:

Your space includes: • 4' draped table • 1 chair • company ID sign • poster board (45.5" w x 61.5" h) • max of 2 Exhibitor registrations	_____ # of Recruitment Table Top(s) @ \$850.00 = _____ Plus 13% HST (Reg. #R106844186) _____ Total _____ 50% DEPOSIT DUE _____
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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 22, 2012. 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 the Canadian Cardiovascular Congress. Payment in Canadian Funds only. Wire transfer payment option is available, please contact the CCC Secretariat for details.

3. Preferred Table Top Location

1st _____ 2nd _____ 3rd _____

If possible, we do not wish to be located directly beside, or across from: _____

The Organizer reserves the right to determine the final allocation of space.

4. Authorization

I am the authorized representative of the above-named company and have 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: _____
 Table Top(s) Assigned: _____ Size: _____
 Deposit Amount: _____ Payment Date: _____
 Final Payment Amount: _____ Payment Date: _____
 Confirmation Sent: _____
 Accepted By: _____

The CCC 2012 is produced and managed by Intertask Conferences on behalf of the Canadian Cardiovascular Society.