



Application for Exhibit Space

**APRIL 14-18, 2012
BANFF, ALBERTA**

25 word summary of activities to be included in the final program:

Company Name: (Please list name as it should appear on printed materials.)

Address:

City:

Postal Code:

Name of Exhibitor Contact:

Title:

Mailing Address:

City:

Postal Code:

Country:

Postal/Zip Code:

Telephone:

Fax:

Email:

Booth Selection:

- Non-profit \$1,000 each booth space \$ _____
- Corporate/Government \$3,000 each booth space \$ _____
- Total (full amount due with application) \$ _____**

Exhibit Representatives:

(Please provide names of representatives who will be present at your booth as they should appear on the name badge)

1.

2.

Please contact the Conference Secretariat (smutschler@afmc.ca) if you wish to register additional representatives.

Payment:

- Enclosed is a cheque or money order payable to: The Association of Faculties of Medicine of Canada
- Please charge my credit card (Visa or MasterCard ONLY): Visa MasterCard

Card #

Expiry Date:

3 Digit Code:

Cardholder Name (as it appears on the card):

Signature:

This application will not be processed unless accompanied with full payment of exhibit fee. Payment by cheque should be made payable to the AFMC. Payment in Canadian funds only. Exhibit space is assigned on the basis of the date of the application and payment are received and accepted. The AFMC reserves the right to determine the final allocation of booth space.

Authorization:

- I am the authorized representative of the above-named organization with the full power and authority to sign and deliver this application. The company agrees to comply with all policies related to exhibiting at CCME 2012.

Name of Authorized Officer

Title:

Signature of Authorized Officer

Date:

City:

**Please return this application form
with your payment to:**

CCME 2012 Secretariat
Attention: Stephanie Mutschler
800 – 265 Carling Ave., Ottawa, ON Canada K1S 2E1

Email: smutschler@afmc.ca
Tel: 613 730-0687 ext 238
Fax: 613 730-1196