

Canadian Nutrition Congress

June 18-21, 2007

TRADE SHOW REGISTRATION



Exhibitor Company Information:

(Please provide information exactly as it should appear in the conference promotional materials. Information marked ** will be posted on the Canadian Nutrition Congress website)

Company Name**: _____

Contact Person: _____

Mailing Address: _____ City: _____

Province/State: _____ Postal Code/Zip Code: _____

Phone (including area code): _____ Fax (including area code): _____

Email: _____

Website Address: _____

Products/Services Description** (Maximum 50 words): _____

Exhibit Liaison:

(Primary person to receive future communications)

Name: _____ Title: _____

Phone (including area code): _____ Fax (including area code): _____

Email: _____

Exhibit Space and Rates:

- Draped booths include pipe and drape with 8' back drape and 36" side drapes.
- Cost of standard booth space (10' x 10') is \$1000 plus 6% GST.

Payment:

Cheque or money order enclosed (made out to: Canadian Nutrition Congress 2007)

Please charge my credit card: Visa Mastercard

Card Number: _____ Expiry Date: _____

Full name on card: _____

I hereby authorize the use of my credit card for the above stated charges:

Signature: _____

Special Needs:

Please indicate any special needs: _____

Cancellation Policy:

Cancellations received by **May 18** will be refunded minus a \$150 cancellation fee. Cancellations received after **May 18** will not be refunded.

The Winnipeg Convention Centre requires that all exhibitors have public liability insurance. In order to comply with these legal requirements, please confirm the following.

We have adequate public liability insurance coverage.

Company Name: _____

Name (Print): _____ Signature: _____

Exhibitor Registration Process:

1. FAX:
204-475-8200

OR

2. MAIL:
Canadian Nutrition Congress
212-161 Stafford St.
Winnipeg, Manitoba R3M 2W9
CANADA