

FAMILY MEDICINE FORUM 2018

Application for Exhibit Space and Sponsorship
November 14-17, 2018
Metro Toronto Convention Centre



Priority Points System will apply to 2018 space bookings. Policy details appear in the Exhibitor Prospectus. Consult Prospectus for details about items included in fees, deadlines, and exhibit hall features and rules.

Please complete this form and forward immediately with deposit cheque or credit card information to avoid disappointment.

Please reserve space for our exhibit at the Family Medicine Forum 2018. We understand that this application becomes a contract when accepted by the College of Family Physicians of Canada (CFPC). We understand that every attempt will be made to comply with our request for exhibit space but no guarantees can be made. The CFPC reserves the right to substitute or withdraw exhibit space at its discretion. We agree to abide by the conditions of contract listed in the *Exhibitors Prospectus* and the *Policies and Guidelines Manual* and the rules and regulations listed under the Exhibitor tab on the FMF website. We also agree to strictly follow Innovative Medicine Canada's Code of Ethical Practices, CMA standards, CFPC guidelines, and any additional amendments as required by the CFPC. We accept responsibility to inform all of our agents and representatives of these conditions and agree that they will also abide by these conditions.

PLEASE PRINT

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Signing Officer: _____ Signature: _____

Title: _____ Date: _____

CONTACT PERSON TO WHOM ALL EXHIBIT INFORMATION AND QUERIES ARE TO BE DIRECTED.

Name: _____ Title: _____

Address: _____

City: _____ Postal Code: _____

Phone: () _____ Alternate Phone: () _____ Fax: _____

Email address: (our primary method of communication) _____

We agree to allow FMF to share our email address with suppliers

Exact Booth Name for Final Program: _____

Website Address for Final Program and Mobile App: _____

Are you affiliated with and/or promoting any of the following? Check all that apply.

- Educational Services/Publisher Government/Association Lifestyle/Nutrition Medical Devices
 Medicinal Marijuana Natural/OTC Pharmaceuticals Practice Management & EMR Recruiter

Specify any companies or organizations that you **do not** wish to be situated near: _____

Forty-word (maximum) Booth Description is required before June 29, 2018. If available in French, please submit with the English file. All descriptions will be translated in the Final Program. Please email to ilamb@cfpc.ca

FOR MORE INFORMATION PLEASE VISIT www.fmf.cfpc.ca/exhibitors/prospectus

BOOTH SPACE RENTAL FEES* SEE PROSPECTUS FOR ITEMS INCLUDED IN THESE PRICES **PRICES SUBJECT TO CHANGE WITHOUT NOTICE**

Each 20' x 30' Island / Pavilion - aisles on all sides	Cost \$34,025 _____
Each 20' x 20' Island / Pavilion - aisles on all sides	Cost \$22,900 _____
Each 10' x 30' in-line Prime aisle:	Cost \$17,050 _____
Each 10' x 20' in-line Prime aisle:	Cost \$11,525 _____
Each 10' x 10' Prime aisle or corner:	Cost \$6,025 _____
Each 10' x 10' Regular aisle:	Cost \$5,575 _____
Each 10' x 10' Not-For-Profit Association and Provincial/Federal Government Departments	Cost \$4,385 _____
Each 5' x 6' mini-space tabletop (limited availability)	Cost \$1,425 _____
Each 10' x 10' Volunteer-driven Charitable Associations (limited availability)	Cost \$1,215 _____
CHARITABLE REGISTRATION NUMBER REQUIRED _____	

Subtotal Space Rental	\$ _____
Canadian Exhibitors Add 13% HST (R108078023)	\$ _____
TOTAL SPACE RENTAL:	\$ _____

SPONSORSHIP PARTNERSHIP LEVELS * SEE FMF EXHIBIT HALL PARTNER PROGRAM FOR ITEMS INCLUDED IN THESE PRICES

Platinum Partner Level	Cost \$30,000 _____
Gold Partner Level	Cost \$15,500 _____
Silver Partner Level	Cost \$10,000 _____
Bronze Partner Level	Cost \$5,000 _____
Customized Package <i>*Call Isis Lamb for details*</i>	

ADVERTISE IN OUR EXHIBIT HALL GUIDE

Double Page Spread: \$4,000 Full Page: \$2,500 Half Page: \$1,500 Logo: \$250

Subtotal Sponsorship Cost	\$ _____
Canadian Sponsors Add 13% HST (R108078023)	\$ _____
TOTAL SPONSOR COST:	\$ _____

MAKE CHEQUES PAYABLE TO:

The College of Family Physicians of Canada

MAIL:

Isis Lamb – FMF Coordinator, Exhibits Lead
 College of Family Physicians of Canada
 2630 Skymark Avenue
 Mississauga, ON L4W 5A4
 FAX: 1.888.843.2372
 CALL: +1.905.629.0900 x 541
 EMAIL: ilamb@cfpc.ca

PLEASE DO NOT EMAIL CREDIT CARD INFORMATION (LEAVE BLANK AND CALL).

CARD NUMBER _____

EXPIRY DATE _____

CARDHOLDER'S NAME _____

IF MAIL OR FAX: PLEASE PROVIDE CREDIT CARD INFORMATION HERE
 IF EMAIL: PLEASE SEND APPLICATION AND CALL IN PAYMENT

