

## FAMILY MEDICINE FORUM 2018

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



**Please complete this form and forward immediately to [ilamb@cfpc.ca](mailto:ilamb@cfpc.ca) or fax 1.888.843.2372 or call 1.800.387.6197 ext 541.**

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* 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, National Standards, 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.

Priority Points System will be utilized to assign 2018 space bookings

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Contact : \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

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 Service	Publishing	Government	Associations	Lifestyle Nutrition
Pharmaceuticals	Medical Devices	Practice Mgmt IT	Recruiters	Natural OTC
Medicinal Marijuana	Other: _____			

Confirm if you are a commercial business interest: for-profit entities that develop, produce, market, re-sell or distribute drugs, devices, products, or other healthcare goods, services, or therapies that may be prescribed or ordered by doctors in the diagnosis, treatment, monitoring, management, or palliation of health conditions. YES \_\_\_\_\_ NO \_\_\_\_\_ Comments: \_\_\_\_\_

Your firm and its representatives agree to strictly follow [CMA Standards](#), [The National Standard](#), CFPC guidelines and [Innovation Medicines Canada](#) where applicable along with any additional amendments as required by the CFPC . YES \_\_\_\_\_ NO \_\_\_\_\_

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 and App. Please email to [ilamb@cfpc.ca](mailto:ilamb@cfpc.ca)

For more information please visit: [fmf.cfpc.ca/exhibitors/prospectus](http://fmf.cfpc.ca/exhibitors/prospectus)

**BOOTH SPACE FEES**

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

**SPONSORSHIP PARTNERSHIP LEVELS**

Platinum Partner Level	\$30,000	_____
Gold Partner Level	\$15,500	_____
Silver Partner Level	\$10,000	_____
Bronze Partner Level	\$5,000	_____
Other/Customized Package	\$	_____

**ADVERTISE IN OUR EXHIBIT HALL GUIDE**

<input type="checkbox"/> Double Page Spread: \$4,000	<input type="checkbox"/> Full Page: \$2,500	<input type="checkbox"/> Half Page: \$1,500	<input type="checkbox"/> Logo: \$250	\$	_____
<b>Subtotal Exhibit/Sponsorship/Advertising Fees</b>				\$	_____
<b>Add 13% HST (R108078023)</b>				\$	_____
<b>Total Payable</b>				\$	_____

Signing Officer: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

MAKE CHEQUES PAYABLE TO:

The College of Family Physicians of Canada  
2630 Skymark Avenue  
Mississauga, ON L4W 5A4

Isis Lamb – FMF Coordinator, Exhibits Lead  
CALL: +1.905.629.0900 x 541  
EMAIL: [ilamb@cfpc.ca](mailto:ilamb@cfpc.ca)

PLEASE DO NOT EMAIL CREDIT CARD INFORMATION (LEAVE BLANK AND CALL). CARD NUMBER _____ EXPIRY DATE _____ CARDHOLDER'S NAME _____  <b>IF MAIL OR FAX: PLEASE PROVIDE CREDIT CARD INFORMATION HERE IF EMAIL: PLEASE SEND APPLICATION AND CALL IN PAYMENT FAX 1.888.843.2372</b>
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