

FAMILY MEDICINE FORUM 2020

Application for Exhibit Space and Sponsorship
November 4th – 7th, 2020
Winnipeg, Manitoba



Please complete this form and forward immediately to ilamb@cfpc.ca or call 1.800.387.6197 ext 541.

Please reserve space for our exhibit at the Family Medicine Forum 2020. 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 2020 space bookings

Legal Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Primary Contact : _____ Title: _____

Work Phone: _____ Cell Phone: _____ Other Phone: _____

Email address: _____ Alternate Email: _____

Exact Booth Name for Badges, App and Exhibitor Guide (Max 30 Characters): _____

Website for FMF App and Exhibitor Guide: _____

Have you exhibited at FMF in previous years? YES _____ NO _____

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

- | | | | | | | |
|--|--|--|--|---|-------------------------------------|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Association | <input type="checkbox"/> Clinical Services | <input type="checkbox"/> Educational | <input type="checkbox"/> Financial | <input type="checkbox"/> Government | <input type="checkbox"/> General Interest |
| <input type="checkbox"/> Lifestyle + Nutrition | <input type="checkbox"/> Practice Management | <input type="checkbox"/> Recruiter | <input type="checkbox"/> HPI: Medical Device | <input type="checkbox"/> HPI: Medicinal Marijuana | <input type="checkbox"/> HPI: OTC | <input type="checkbox"/> HPI: Pharma |

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 26, 2020. If available in French, please submit with the English file. All descriptions will be translated in the Exhibitor Guide and FMF App. Please email to sboneham@cfpc.ca

NOTE: If you cannot meet the deadline above, the CFPC cannot guarantee that your forty-word booth description will be published in the Exhibit Hall Guide.

For more information please visit: 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:	\$6,025	_____
Each 10' x 10' Regular aisle:	\$5,575	_____
Each 10' x 10' Not-For-Profit Association and Provincial/Federal Government Departments	\$4,385	_____
Each 10' x 10' Volunteer-driven Charitable Associations (limited availability)	\$1,425	_____
CHARITABLE REGISTRATION NUMBER REQUIRED _____		
Each 5' x 6' Mini-space tabletop (limited availability)	\$1,215	_____

SPONSORSHIP PARTNERSHIP LEVELS

Platinum Partner Level	\$40,000	_____
Gold Partner Level	\$22,250	_____
Silver Partner Level	\$12,500	_____
Bronze Partner Level	\$6,500	_____
Other/Customized Package	\$	_____

ADVERTISE IN OUR EXHIBIT HALL GUIDE

☐ Double Page Spread: \$5,200 ☐ Full Page: \$3,250 ☐ Half Page: \$1,950 ☐ Logo: \$250 \$ _____

Subtotal Exhibit/Sponsorship/Advertising Fees \$ _____

Add 5% Tax \$ _____

Total Payable \$ _____

Signing Officer: _____ Signature: _____

Title: _____ Date: _____

PAYMENT POLICY

PAYMENT TERMS

- 50% due within 30 days of submitting the application
- Full payment is required Monday August 31st, 2020
- All applications submitted after Monday August 31st, 2020 must include full payment
- FMF accepts cheques, credit cards, and bank transfers

PLEASE SELECT:

☐ PAY BY CREDIT CARD

☐ PAY BY CHEQUE

☐ PAY 50% NOW AND 50% SEPT 1ST ☐ PAY FULL BALANCE

CREDIT CARD PAYMENT:

Credit card payments will be taken over the phone through a secured telephone line. Upon receiving your invoice an access code will be given along with further instructions.

MAKE CHEQUES PAYABLE TO:

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

ATTN: Isis Lamb – FMF Coordinator, Exhibits Lead

CONTACT INFORMATION

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

For more information please visit: fmf.cfpc.ca/exhibitors/prospectus