

# FAMILY MEDICINE FORUM 2020

Application for Exhibit Space and Sponsorship  
November 4<sup>th</sup> – 7<sup>th</sup>, 2020 - Virtual Delivery



## FMF 2020 is thrilled to deliver a completely re-imagined exhibit hall experience!

Please reserve your virtual exhibit opportunity at FMF 2020. This application becomes a contract when accepted by the College of Family Physicians of Canada (CFPC). The CFPC reserves the right to substitute or withdraw exhibit space at its discretion. The exhibitor agrees to abide by the conditions of contract listed in the FMF *Policies and Guidelines*. The exhibitor also agrees to strictly follow CMA standards, National Standards, Innovative Medicines Canada (where applicable) and any additional amendments as required by the CFPC. The exhibitor accepts responsibility to inform all agents, staff, contractors and representatives of these conditions and agree that they will also abide by these conditions.

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

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

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

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

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

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

Exact Booth Name: \_\_\_\_\_

Website(s): \_\_\_\_\_

Have you exhibited at FMF in previous years? YES \_\_\_\_\_ NO \_\_\_\_\_

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

- |   |  |   |  |                                       |                                    |
|---|--|---|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Academic (DFMs)  | <input type="checkbox"/> Association     | <input type="checkbox"/> Cannabis           | <input type="checkbox"/> Clinical Services   | <input type="checkbox"/> Educational  | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Government       | <input type="checkbox"/> Homeopathic     | <input type="checkbox"/> Market Place       | <input type="checkbox"/> Medical Device      | <input type="checkbox"/> Naturopathic | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Over the Counter | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Physician Interest | <input type="checkbox"/> Practice Management | <input type="checkbox"/> Recruiter    | <input type="checkbox"/> Other     |

Do you offer ANY products or services related to pharma, cannabis, homeopathy or naturopathy? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you agree to follow [CMA Policy](#), [National Standard](#), FMF Policies & Guidelines and amendments? YES \_\_\_\_\_ NO \_\_\_\_\_

Please supply a maximum forty word description (bilingual if available) by July 30, 2020 – submit to [fmfexhibits@cfpc.ca](mailto:fmfexhibits@cfpc.ca)

## Virtual Exhibit Space Fees

Virtual Exhibit Booth (per booth)	Number of booths: _____	X Cost per booth \$3,000 = _____
Virtual Government/Not for Profit Booth:	Number of booths: _____	X Cost per booth \$2,000 = _____
Virtual Charity Booth (Registration # required):	Number of booths: _____	X Cost per booth \$1,000 = _____
Registration # _____		Subtotal Exhibit Fees = _____

Note: Taxes will be added per provincial requirements, invoice, including payment methods, will be provided.

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

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

Please complete and forward immediately to [fmfexhibits@cfpc.ca](mailto:fmfexhibits@cfpc.ca) or call Isis Lamb at 1.800.387.6197 ext 541  
For more Exhibitor Information [click here](#)