

# FAMILY MEDICINE FORUM – FMF 2025

Winnipeg RBC Convention Centre - Nov 5-7

Application for Exhibit Space and Sponsorship



Please reserve your exhibit space and/or sponsorship opportunity at FMF. 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 or sponsorship opportunities at its discretion. The exhibitor/sponsor agrees to abide by the conditions of contract listed in the FMF *Policies and Guidelines*. The exhibitor/sponsor also agrees to strictly follow CMA standards, National Standards, Innovative Medicines Canada (where applicable) and any additional guidelines or amendments as required by the CFPC. The dates, venue or location is subject to change at the discretion of the CFPC. The exhibitor/sponsor accepts responsibility to inform all agents, staff, contractors and representatives of these conditions and agree that they will also abide by these conditions.

## Invoicing Information:

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_ Company Main Phone: \_\_\_\_\_

## Booth Primary Contact:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
Email Address: \_\_\_\_\_ Alternate Email: \_\_\_\_\_  
Published Booth Name: \_\_\_\_\_ Website: \_\_\_\_\_

**Important:** Submit your 40 word description for the Official Exhibitor Guide [here](#)

Which category would best describe your business for your listing in the Official Exhibitor Guide (select one):

☐ Association ☐ Clinical Services ☐ Financial ☐ Practice Management ☐ Government ☐ Medical Device  
☐ Nutrition ☐ Over the Counter ☐ Pharma ☐ Recruiter ☐ Other \_\_\_\_\_

1. Have you exhibited at FMF in previous years? ☐ YES ☐ NO
2. Do you agree to follow [CMA Policy](#), [National Standard](#), [FMF Policies & Guidelines](#) and amendments? YES ☐ NO ☐
3. Do you offer ANY cannabis, homeopathy or naturopathic products? YES ☐ NO ☐

*The FMF exhibit hall prohibits cannabis, homeopathy or naturopathic products. If yes, please contact us to discuss.*

## EXHIBIT SPACE

## BOOTH PRICE

## TOTAL

20' x 30' Island	<input type="checkbox"/> \$36,400	_____
20' x 20' Island	<input type="checkbox"/> \$24,500	_____
10' x 30' Prime	<input type="checkbox"/> \$18,200	_____
10' x 20' Prime	<input type="checkbox"/> \$12,300	_____
10' x 10' Prime	<input type="checkbox"/> \$6,400	_____
10' x 10' Regular	<input type="checkbox"/> \$5,900	_____
10' x 10' Government   NFP	<input type="checkbox"/> \$4,600	_____
10' x 10' Charity*	<input type="checkbox"/> \$1,500	_____

\*Charitable Registration # required: \_\_\_\_\_

## SPONSORSHIPS

## PRICE

## TOTAL

PLATINUM PACKAGE	<input type="checkbox"/> \$40,000	_____
GOLD PACKAGE	<input type="checkbox"/> \$22,500	_____
SILVER PACKAGE	<input type="checkbox"/> \$12,500	_____
BRONZE PACKAGE	<input type="checkbox"/> \$8,500	_____

UNIQUE SPONSOR OPPORTUNITIES: \_\_\_\_\_

**Booth Inclusions:** Minimum 10'x10' space with 8' draped back wall and 3' side rails. Carpet and furniture available via Turnkey Booth Package or rented separately through official suppliers closer to FMF. See [Prospectus](#) for more details.

## OFFICIAL EXHIBITOR GUIDE ADVERTISING

☐ Double \$5,200 | ☐ Full \$3,250 | ☐ Half \$1,950 | ☐ Quarter \$1,150 | ☐ Logo \$250

Signing Officer: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

SUBTOTAL

TAX

5% GST/HST 108078023

TOTAL

Please complete and send to [fmfexhibits@cfpc.ca](mailto:fmfexhibits@cfpc.ca) or call 1.800.387.6197 ext. 522 | For more information [click here](#)